

AN  
INAUGURAL DISSERTATION

ON

*Erysipelas*

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# Erysipelas

After some meditation on different medical subjects, I have chosen the disease erysipelas as a medical subject to write my thesis on, what is erysipelas.

It is an idiopathic inflammatory disorder, running a tolerably regular and definite course, attended by inflammation of the integuments of the body or in other words, by an eruption, often prevailing epidemically, and capable of being communicated under circumstances favourable to its propagation.

Some authors contend that this disease has the power of protecting the system against other eruptive diseases, but this has not been

satisfactory explained. This disease has been put down in the group of contagious exanthematic fevers. The disease commences in the skin and gradually extends to subcutaneous cellular tissue. The commencing point of the disease is in the skin and extends gradually to the neighboring parts. It is nothing more than superficial inflammation of the skin, with fever more or less general, tension and swelling of the part, pain and heat more or less acrid, redness diffused, but more or less circumscribed, disappearing when pressed upon, but returning as soon as the

pressure is removed, erysipelas is generally an acute affection. Its medium duration is from eight to ten days, the extremities are from fifteen to twenty days, the duration of the disease may either be longer or shorter depending upon the perplexing nature of the disease or upon the constitution of the patient. according to various circumstances attending the disease it has been divided into different forms simple Erysipelas; Erysipelas phlegmonodes, erysipelas oedematus. The symptoms of erysipelas are frequently of an aggravating character. The patient usually complains of a feeling of tension

uneasiness aching or soreness  
in the limbs and joints chilliness  
or rigors alternating with flushes  
of heat, and succeeded by  
frequent pulse, hot skin  
purplish tongue loss of  
appetite, thirst, sometimes  
nausea and vomiting, headache  
restlessness muscular debility  
and not infrequently soreness  
of the throat, swelling of the  
lymphatic glands in the  
vicinity of the part which  
is diseased, as of the neck in  
facial erysipelas and of  
the axilla: when in the super-  
rior extremities, in the groin  
when in the inferior extre-  
mities. On the second or third

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day of the fever. Sometimes earlier  
and sometimes later, and occa-  
sionally it is the first observable  
phenomenon. There may be seen  
upon some part of the inflamed  
surface a small redish spot  
usually somewhat elevated, painful  
and tender to the touch. This  
may occur on any portion  
of the body, but is much more  
frequent on the face or neck  
upon the cheek or rim of  
the ear. The inflamed spot  
gradually spreads in all directions  
but usually though often in  
one more than another, exhib-  
iting always as it advances an  
irregular - abrupt and somewhat  
elevated margin, which forms

a striking boundary between the sound skin and the diseased. in some instances the boundary is less definite. though scarcely ever gradually shed off. like other ordinary inflammations so that it cannot be traced, the disease surface presents a livid red appearance. often shining hot to the sense of touch, and generally harder than the sound skin. The distance to which the inflammation extends differs greatly. in some instances it advances slowly and is confined to narrow limits, in others it advances with great rapidity and soon invades the entire surface of the

body. This disease advances much more rapidly when it attacks infants, than when the adult is the subject of the disease.

Owing to tenderness of the parts, it rarely ever extends over the whole surface of the body at the same time. I witnessed but one case of twenty, in which the disease apparently invaded the entire surface. an infant aged twenty one days. This disease is generally very progressive in its course. but now and then instances occur in which it attacks in succession, separate and unconnected parts of the body, as a general thing, when the



disease attacks the face it is confined to the features, but has a great tendency to the scalp, and not infrequently extends over the whole of the head, and even downwards to the neck, though rarely so far as the chest. There is frequently considerable swelling, the skin being thickened and hardened and the subcutaneous cellular tissue in general more or less distended, especially in the loopy texture as in the eyes or about the eyes, in the scrotum and prepuce of the male, and the vulva in the female, when the disease attacks those portions of the body, they not infrequently

become strikingly oedematous,  
 The face sometimes is often  
 so much swollen, that every  
 characteristic feature is  
 obliterated. The eyes are sometimes  
 closed for several days. The  
 lips and ears are greatly enlarged  
 the nostrils are somewhat swollen  
 as to obstruct breathing. At least it is  
 with some difficulty that the  
 patient breathes through them  
 The mouth sometimes is so  
 stiff that it is difficult or  
 with uneasiness that the patient  
 speaks, and the external meatus  
 is sometimes so narrowed that  
 your patient seems to be  
 unconscious of any noise that  
 may be made in his room

When the disease spreads over the scalp, it usually becomes or assumes the oedematous form, and the whole head is enormously enlarged. There is generally a sense of burning, tensine pricking smarting pain, usually experienced by the patients. The inflamed part is usually so tender, that pressure produces a great deal of uneasiness when the scalp is involved in the disease. It is difficult for the patient to find a comfortable position to rest the head. The pains are of a remitting character. The inflammation may gradually rise for several days, then

gradually subside without ap-  
 parent effusion of any kind,  
 and then terminate in des-  
 quamation of the surface.  
 But sometimes about the  
 fourth or fifth day the scurf  
 skin is elevated by a serous  
 liquid, which appears sometimes  
 in the form of vesicles, some-  
 times in the <sup>form</sup> of small blisters,  
 from a quarter of an inch  
 to an inch in diameter, they  
 very often run together so  
 much so as to form an ex-  
 tensive blistered surface.  
 The surface is very frequently  
 moistened by the exudation  
 of a liquid from the rupture  
 of these blistered surfaces

on the sixth or seventh  
 day. They begin to dry up and  
 by the ninth or tenth day  
 they form small scrusted  
 scales. which usually separate  
 by the twelfth or fourteenth  
 day leaving the skin covered  
 with a new cuticle. The red  
 ness and swelling subsides at  
 the same time and are  
 nearly or quite gone when  
 the crust is fully formed.  
 The whole duration is as you  
 see. in unfavourable cases.  
 about three to four weeks,  
 but sometimes shorter  
 than this, especially in the  
 younger and those of  
 vigorous constitution. Though

sometimes from various causes,  
considerably protracted, even after  
desquamation. It may be some  
considerable time before the  
skin has acquired its natural  
appearance and flexibility.  
The course of the disease  
very often varies more or less  
from the above description,  
thus while the part first  
affected with the disease  
is going through the regular  
changes, the inflammation  
may have advanced to another  
part, which goes through  
its own period of increments  
and declines, and so on with  
different parts, successively.  
so you see that a case may

be prolonged for a month  
 or more. After the removal  
 of the scarp skin from  
 the blistered or visicated  
 parts, then sometimes continuing  
 to exude from the surface  
 an acrid lymph, for a  
 short space of time, which  
 may even pass into a state  
 of suppuration or ulceration,  
 which greatly retards the cure  
 of the disease. Cases have  
 occurred in which the in-  
 flammation of the sub-  
 cutaneous cellular tissue  
 ended in suppuration  
 and even gangrene of  
 the cellular tissue, in  
 the former the pus is

of a healthy nature that  
passes through the ulcer-  
ated opening of the skin,  
in the latter the pus is of  
graph green. There is some-  
times portion of dead mem-  
brane that comes a way  
with the discharges. The  
skin generally remains  
sore, especially the true  
skin in this disease,  
during the continuance  
of the cutaneous inflam-  
mation. The fever continuing  
in a very aggravated form,  
in vigorous constitution  
with no asthenic tendency  
to the disease, the pulse  
remains very full and tense



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without being very frequent.  
and unless the inflammation  
invades the scalp. There being  
but little occasional delirium  
The fever having generally an  
open inflammatory character  
and offers little cause for alarm.  
But when the scalp is involved  
in the disease, symptoms of  
cerebral disorder are very  
often evinced by such as  
headache, tinnitus aurium,  
restlessness, and decided  
delirium, or perhaps what is  
more frequent and constantly  
one of the most striking  
features of these cases is a ten-  
dency to drowsiness, stupor,  
coma. The inflammation

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is supposed to penetrate its  
way to the function of  
the brain. Though fatal  
cases of this kind are on  
records in which no disease  
of the encephalon was  
discovered after death.  
I shall proceed to consider  
and describe several forms  
of the disease,

Chimple Erysipelas, may be  
described as cutaneous infla-  
mmation affecting simply  
the external skin or  
scarf skin, and is generally  
very progressive in its course  
terminating most generally  
favourably when proper  
plan of treatment is pursued,

Erysipelas Phlegmasodes, is where the disease has extended beneath into the subcutaneous cellular tissue it is attended with greater pain and swelling than the more superficial variety of the disease. symptoms are much more aggravated frequently attended with or followed by suppuration in which there is considerable distension and swelling of the affected parts,

Erysipelas oedematodes. This form of the disease may be characterised by the great distension or swelling of the part this variety happens more

frequently in the inferior  
extremities or in other words  
the distention or swelling is  
greater in the loose textures  
of the body. The legs are  
not infrequently swollen  
to such enormous extent  
as to render the patient un-  
able to stand upon them  
for any length of time. when  
erysipelas attacks dropsical  
patients it is very apt to  
assume the oedematous  
form. The organs of generat-  
ion are sometimes the  
seat of this disease in which  
the parts become very much  
distended. This form of  
the disease is short.

when the face or scalp  
is affected. The surface  
is red but not so deeply  
red as in the other forms  
of the disease. The skin  
appears stretched, skinning  
but not elastic. The surface  
may pit on pressure. This  
form of the disease  
though not infrequently  
ends in resolution if  
properly treated, but may  
often be attended with  
suppuration and slough-  
ing of the cellular tissue  
and sometimes by the  
death of portions of  
the skin.

The cause of this disease are not altogether well understood. The cause of erysipelas has been attributed to the effects of heat and cold, stimulation articles of food and drink, excessive fatigue violent emotion as of fear or anger, suppression of habitual discharges, such as of the menstrual or hemorrhoidal flux or from old ulcers, and even the transfer of rheumatic or gouty irritation of the part. The most attributable and positive cause is in consequence of

an undue excitement of  
 the part, as from the  
 direct rays of the sun,  
 Burns subacute issues  
 wounds of all kinds seem  
 to be starting points of  
 the disease some persons  
 appear to be constitutionally  
 predisposed to the disease.  
 surgical operations  
 and accidental contusions  
 on persons who seem  
 to be constitutionally  
 predisposed to the disease  
 are usually starting points  
 of the disease very slight  
 injuries as the sting or bite  
 of an insect wounds of  
 the lancet scratches of a

air may be sufficient to produce the disease. in persons constitutionally predisposed to the disease they may have frequent attacks of it without any apparent cause. The predisposition alone being sufficiently powerful to bring about the result. some persons have attacks of the disease periodically some having it once or twice a year. some women have attacks every month. Tropical patients are predisposed to erysipelas and the same is the case to a limited extent with every cause that depresses the system. The insensperate are more



liable to the disease than the temperature, influences which tend to depress or debilitate the system without producing open disease have the same effect.

Diagnosis It is a matter of impossibility to distinguish the disease erysipelas from other forms of fever for the first day or two, when the cutaneous inflammation makes its appearance, we recognise the disease immediately, this being nothing more than the cutaneous eruption. Characterised by particular symptoms

The disease erysipelas has been often taken for or confounded with the disease erythema, erysipelas may be distinguished ~~from~~ by the greater swelling and hardness of the surface the well marked boundary of the disease surface.

Prognosis. The prognosis of this disease may be determined in some cases without any difficulty when the disease attacks persons who have good constitution it must generally terminate favourably, when the disease

attacks the face the  
 great danger arises from  
 the brain being implicated.  
 This must frequently happens  
 when the inflammation  
 invades the scalp, though  
 the inflammation may  
 extend over the scalp  
 without producing any  
 serious consequence a  
 sudden disappearance of  
 the disease externally with  
 symptoms indicating  
 internal suppuration or  
 inflammation are unfa-  
 vorable symptoms Melastasis  
 frequently happens in  
 erysipelas in the old  
 and intemperate

Those constitutions that  
 are nearly worn out persons  
 of such temperament  
 are very apt to die, children  
 when attacked with this  
 disease soon after  
 birth end fatally.

Treatment, Erysipelas must  
 be treated upon principles not  
 as a name mild cases need  
 but little interference with.  
 They generally get well of them  
 self. in the treatment of erysipelas  
 there are two objects to be kept  
 continually in view, namely, to  
 relax and stimulate, relaxation  
 is needed first and principally  
 that every tissue of the body  
 may be softened every outlet

opened and the freest possible  
 channel thereby made for the  
 exit of any and every deleterious  
 matter that may be formed  
 in the system, stimulation  
 of a light and diffusible  
 quality, is needed to sustain  
 the arterial flow and  
 aid the life power in the  
 efforts to rid the system  
 of the noxious materials.  
 This being the great indication  
 to support the system and  
 drive out every form of virus,  
 the relaxants and stimulants  
 chosen must be those which  
 are best calculated to per-  
 form such labors. By their  
 tendencies to the whole series

of secretory organs, and especially for their influence upon the skin and capillary system.

A proper reflection upon the true nature and origin of an erysipelatous difficulty will at once lead a practitioner to the conviction, that constitutional or general means are to be chiefly relied upon, for a difficulty which depends so very largely upon unwholesome materials floating through the circulation, can only be removed by an elimination of those matters from the circulation for which

every secreting organ must be employed to the best advantage, and use made of every channel through which it is possible to eliminate and excrete from the general system, topical means are on no account to be neglected. For the immediate soothing and preservation of the parts are points of moment, but to depend upon local applications in preference to systematic medication is to run the hazard of prolonging the attack and favoring the spread, even if it should not endanger the patient's life

remission is advised by  
some of the eminent practitioners  
if circumstances require that  
remission should be employed  
it should be used, local  
bloodletting may be of great  
avail at times but the wound  
from the lancet is very apt  
to be a new starting point  
of the disease therefore  
I shall always be cautious  
in using the lancet. an  
emetic may be of great avail  
in the beginning of the disease  
relaxing the general system  
evacuating the stomach of  
its morbid materials arouse  
ing the liver to its normal  
standard affording a proper



elimination, by the unobscured  
 action of the liver. I have  
 treated the disease in several  
 of its forms and prepare a  
 an active cathartic in the  
 commencement of the disease  
 keep the system under  
 the influence of tubercle  
 emetic forty eight hours  
 or as may be required. use  
 the great anti-inflammatory  
 medicine nitrate of silver  
 as a local application  
 to the inflamed surface  
 use the stick by a slight  
 touch to the surface three  
 or four times a day. This medi-  
 cine has great power in  
 subverting the progress of

The disease Tincture of  
 Iodine is another good  
 topical medicine used  
 by painting the inflamed  
 surface several times a day  
 as circumstances require.

The sulphate of Iron is an  
 other topical remedy used  
 by taking six drams of  
 the Iron to a pint of  
 water of which the patient  
 or the inflamed surface  
 may be washed several  
 times a day the sulph. morphine  
 may be added the above,  
 Olive oil, corded cotton  
 applied to the inflamed  
 surface will relieve the  
 intense pain of the patient

By protecting the part from  
the atmosphere, every practitioner  
has away of his-own in  
treating the disease under  
consideration.

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