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AN  
INAUGURAL DISSERTATION  
ON

*Corypelas*

SUBMITTED TO THE  
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BY

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OF

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To the Medical Faculty of the U. of A.

As a mark of respect for their many high  
attainments in the science of medicine etc, etc

J. E. Nicholson

# Erysipelas.

A disease that so seriously complicates other surgical diseases and injuries, seems to be of the utmost importance to the practitioner of medicine or practical surgery. It commonly manifests itself as a peculiar and distinct form of inflammation, as much so as any of the other varieties. Several varieties are spoken of by many writers on the subject, the adhesive, the suppurative and, ulcerative, or gangrenous. Erysipelas is a disease I am but slightly acquainted with, having been impressed with its very rapid fatality from the treatment of a case in the person of a very intelligent lady of Marshall Co, Fla. in the fall of 1853. I had just then commenced the duties of my profession, and made a note of the case through its entire progress with the treatment, which I shall give

after making some further remarks on the disease in question. I shall confine my remarks as near as I can to the skin, as from the most that I am able to say was what I saw in the case above alluded to. I think the inflammation is disposed to run over the entire surface, particularly in persons of a <sup>feeble</sup> body, and I think those of feeble mind are as liable. The disease will doubtless attack the internal as well as the external surface, But, the great constitutional effects should be looked after in erysipelas. This is usually complicated with diffuse inflammation of the integument, and then constitutes one of the ordinary forms of the disease. But a constitutional fever may occur of precisely the same type as that which we observe to precede and to accompany

The local inflammation, without any such complication. Erichsen says he had especial occasion to notice a very fatal outbreak of erysipelas in one of his wards in 1851. Says on that occasion, all the cases in which the cutaneous form of erysipelas appeared, were marked by severe constitutional disturbance, attended by much gastro-intestinal irritation, but precisely the same type of general febrile symptoms, and the same irritation of the stomach and bowels, occurred in patients of the same ward, in whom no local or surface evolution took place, as in those affected in the ordinary cutaneous form of the disease. I suppose the true pathology of the diffuse, low, erysipalatoous inflammation has yet to be made out. I know nothing of the pathology

4

of the disease, I very well remember however, that there was great disturbance in the gastro-intestinal canal in the case I have alluded to. It has been remarked that one chief characteristic of this fever is its incompatibility with other inflammations that may exist at, or occur after its invasion.

Therefore, when it attacks the system it causes other inflammations that may exist to diffuse themselves over any surface that they may be situated. It is especially apt, in this way, to cause those inflammations to spread that have not been localized by the deposit of adhesive matter. Therefore wounds that are not granulated are more liable to inflame than those that have taken on a plastic character. The constitutional fever is for the most part of the

the sthenic type, very readily getting  
 in to the asthenic form. It seems to  
 be truly a disease of debility, a  
 great want in the system, or, rather the  
 system seems unable to furnish plas-  
 ticity for its own defence. The tend-  
 ency seems to be downward all the time  
 at least in the bad cases that I have  
 seen such has been the case, with a  
 disposition to invade all the parts suc-  
 cessively. The tendency that always  
 exist in this disease to slozking shows  
 a further indication of the asthenic  
 and low character of this fever. This  
 view of the constitutional derangement  
 in the disease would have much to do  
 with the treatment, as we might see  
 at once the importance of not dealing  
 to rashly with our patients in the  
 beginning of so important a matter

as that of the practice of medicine.  
 Causes, Erysipelas may arise from many  
 causes, it may exist in the patient's  
 own person, or from conditions sur-  
 rounding him or her as the case may  
 be. Some persons seem to be predispo-  
 sed to the disease, those particularly  
 of a gross habit of body, I remember  
 to have seen an old lady who told  
 me she had five or six attacks every  
 year of this disease, she was quite a gr-  
 off old lady. I think persons of an  
 irritable disposition are rather more  
 liable to take on this inflammation  
 than some others, particularly of  
 debility be along. Erichsen says the  
 habit of body however, in which ery-  
 sipelas is most frequently met with  
 as a consequence of very trivial exci-  
 ting causes, is that which is induced



by the habitual use of stimulants to  
 an excess. He goes on to say that it  
 is more especially in that state of the  
 system characterised by an adminis-  
 tration, as it were, of circumstances  
 in which no plastic lymph is depos-  
 ited as the result of inflammation—  
 but, in which this condition is follow-  
 ed by a rapid tendency to the forma-  
 tion of pus, and slough, and to extensi-  
 on of disease in a diffuse form, that  
 erysipelas is so readily induced. This  
 condition of body is met with amongst  
 the labouring poor, as the result of the  
 want of the necessaries of life, conjoin-  
 ed with the habitual over-use of stim-  
 ulants, and exposure to the various depre-  
 ssing causes of disease, arising from  
 bad food etc, etc, amongst the rich  
 class it is to be a consequence of high

living, want of exercise, and general  
 indulgence of in enervating habits.  
 It is the opinion of many that among  
 the list of causes and circumstances  
 that surround the patient in bringing  
 on this disease is the state of the atmo-  
 sphere, being much more frequent in  
 the spring and autumn than at other  
 seasons of the Year. Erysipelas is  
 sometimes epidemic and then most  
 generally of a low form. But not  
 only epidemic, but contagious also.  
 Erichson and many others fully sub-  
 stantiate this fact. I certainly had  
 an attack on my own person, taken  
 from the lady I have above mentioned  
 her husband was but a few days co-  
 valescent from it when she took it. I  
 thought I could taste the effluvia ar-  
 ising from the body of the lady I attended.

I suppose the principal exciting cause of erysipelas is certainly the presence of a wound. Most frequently recent wounds. Once the adhesive inflammation is set up, the wound is not so liable to take it on, unless in depraved constitution. The formation of limiting fibrin appears to lessen the liability to the occurrence of the disease.

This fact should be much regarded by the surgeon when erysipelas is epidemic, the size of the wound has no influence, occurring as readily from a small one as a large one. As to what difference there is<sup>in</sup> internal and external erysipelas if any I am not able to say. My opinion is however that it may run down the throat of the patient from an outside attack also the genital organs of the female.

are liable to be attacked (I allude to internal organs) It said that women and children are more liable to erysipelas than men, especially children soon after birth, owing perhaps to the wounding of the cord, in taking away the after-birth. I never saw any such inflammation in children, It may be and I think is more frequent in large towns, where there is less pure air than in the country, my own observation has been confined exclusively to the country, I think such children (country children) are much less liable to contagion, and epidemics, than those born in cities where they are exposed to all the depressing causes of a vitiated atmosphere.

Symptoms, The patient for the most part is seized with rigors, alternate, chills and flushes, followed by headache, nausea, a quick pulse, a coated tongue, and hot

skin usually in one or two days the rash  
 appears, it most frequently appears on  
 the face and legs, the rash is of a rosy,  
 red hue, always disappearing on pressure  
 with the finger. Erichsen says often ac-  
 -companied with edematous swelling. You  
 may see vesicles or blebs sometimes formed.  
 The disease sometimes leaving one part  
 appearing in another, (it may perhaps be  
 partial, having one part better than another)  
 -er) This is called the erratic erysipelas  
 considered very dangerous occurring in  
 advanced stages of pyemia. Arnott says  
 that the foci are always involved. This  
 disease usually disappears without inclu-  
 -ding any serious mischief in the part aff-  
 -ected, but in some cases abscesses form  
 more especially in the loose cellular  
 tissue of the neck and eye lids, often  
 giving the patient much trouble and pain.

Watson a practitioner of the waters, says sore throat is an early and almost a constant symptom in the disease or accompaniment rather. In the case I have alluded to above I wish bring in at this place,

The lady was some 35 years of age, had some six or seven children, married to the second husband, of quite feeble constitution, had ~~of the~~ ~~three~~ ~~weeks~~ ~~and~~ a babe at the breast that was only three weeks old, of quite irritable disposition, laboring under chronic sore eyes for three years, had been up weaving so soon as one week after the birth of her child. Had I think just returned from a captivity some four days before the attack, I found the pulse very frequent and feeble, severe headache, (this was three days after she had been taken) pain in the back, some gas or intestinal disturbance, I found a large red

upon the back of her neck, The skin was very much thickened (I should have mentioned that was some masked delirium at the outset which interfered more or less all through the case) the redness and swelling ran gradually up the back of the head and over the face, The disease now seemed to be what writers call phlegmonous erysipelas the inflammation went on invading the entire body, upper and lower extremities with the exceptions of her hands and feet I think the inflammation stopped some two inches above the wrist and ankle joints, My own opinion is that the inflammation when it reached the generative organs it went straight way up, for about that time great tympanitis came on, aggravating all the symptoms very much indeed, delirium being a very constant symptom after this, the patient making great complaint.

I see it is the opinion of some that the disease will run its course independent of all that can be done & found this to be the case and to my sorrow certainly. In the treatment of the above mentioned case, I found my self whiped out on every part of the ground, continually having to change the treatment, I know some days I could be compelled to change from two to three times a day, Tonics were all the while indicated, these being more or less debility every day, in short the constitutional treatment was all the time indicated Stimulants were much needed in this case Local applications were used all the time Nitrat of Silver, Lime of Sodium Mercuerial oint Cotton seed tea warm seemed to quiet the patient as well if not better than any local means that were used, this I gathered from one of the old Ladies that were there.



To show how much depraivity there was in the system in this case I will mention what occurred in the use of the Line of Ladine (local) on the thigh, I was painting 1/4 on less of an inch ahead of the lussing and most positively before I could run a line with my tincture, eight or ten in long the inflammation would cross over. It reminded me very much of fighting the woods on fire, I could almost see it spread. What was so remarkable to me in the case was the duration of it; the constitution of the patient &c bearing up under it so long and then died. I saw the case 3 days after the attack & gave it battle 28 days, and then my patient and self were both relieved as above mentioned. My reason for saying so little in regard to the treatment is that I think circumstances should always be the prudent practitioners compass. Submitted with respect etc, etc.