ON
THE TREATMENT
OF

ERYSIPELAS

BY NUMEROUS PUNCTURES IN THE AFFECTED PART,

By R. DOBSON, M.D.,

PHYSICIAN TO THE ROYAL HOSPITAL AT GREENWICH,

IN A LETTER TO

W. LAWRENCE, Esq. F.R.S.

Read Feb. 12th, 1828.

“ Royal Hospital, Greenwich, Feb. 11th, 1828.

“ DEAR SIR,

“ **I** HAVE been duly favoured with your letter containing various queries relative to my mode of abstracting blood in cases of erysipelas, to all which I shall endeavour to reply as distinctly and concisely as possible.

“ With regard to the nature of erysipelas in which I use the punctures, I answer in all cases, whether simple, traumatic, or phlegmonous, the number of punctures I make at any one time varies according to the extent of the disease, but is rarely under ten, and seldom exceeding fifty; the depth and extent of each puncture vary also according to circumstances, being made deeper

when the parts are more tumid, but more superficial when the tumefaction is not so great; from two to four-tenths of an inch may however be considered the proper answer to that part of your inquiry. I repeat the punctures to the number and extent required, mostly twice a-day, and often in bad cases three or four times in the twenty-four hours, and in the whole course of this practice, which has been resorted to by me in several hundred cases, having adopted it more than a dozen years ago, I have never seen any bad consequence resulting from its employment. The quantity of fluid (for it is not blood alone, but blood and effused serum) which these punctures discharge, although sometimes considerable, need never create any alarm, for however freely it may flow at first, it gradually diminishes and soon spontaneously ceases. I use these punctures in every part of the scalp, or face, body, or extremities, and never more freely than about the eyelids, and I have often found a patient with both eyes closed, which by freely puncturing he has been able to open in a few minutes; and what will be found not less true, than it may appear surprising, these punctures mostly heal in a few hours, and never entail any material marks upon the patient!

“ Where puncturing has been practised from the first appearance of the disease, suppuration rarely takes place, and I have observed that it always diminishes the extent of that result even in

those cases which have existed for some days before it has been resorted to: but when matter does at any time form under the skin, I let it out without delay wherever I feel it, but I think the integuments in those cases are more preserved by making several small openings, than by one large incision, and the matter is quite as well evacuated. And I am perfectly sure that before suppuration, puncturing, which can be repeated again and again as occasion may require, has every advantage over large openings, which, like punctures, cease to bleed before the disease is subdued, but which cannot like them be renewed, and are often followed by extensive ulceration.

“ The adjuvants which I use with the punctures in this disease are in the first place a brisk cathartic of extract of colocynth, scammony, and calomel; I then prescribe the following mixture, which, while it keeps up the free evacuation of the bowels, acts rather cordially upon the stomach.

R Mistur. Camphor. f̄z̄ijj Liq. Ammon. Acet.

Tincturæ Rhœi aa f̄z̄iss M.

Sumat cochlearia duo larga 3tiâ vel 4tâ quâque horâ.

I also employ a lotion composed as follows, viz.

R Liq. Ammon. Acet. Oss. Sp. Camphor. f̄z̄j

Aquæ puræ f̄z̄vij. M.

which, however unchemical it may seem from the camphor and spirit being divorced, experience has proved to be both a beneficial and a comfortable application, and may be always used with the punctures without any fear of revulsion or metastasis, which have sometimes resulted from the use of cold lotions without local abstraction ; and it is no uncommon practice for me to prescribe wine or even gin for my patients in this disease at this establishment, at the very time I am puncturing them twice or thrice a day !

“ I feel myself called upon to state the reasons which first led me to adopt the above mode of treatment. I had long ago observed that the generality of the profession, when called upon to treat a case of erysipelas, were mostly in the habit of ordering the application of leeches to the parts affected, thereby implying their conviction, in which I fully concurred, that local abstraction was essentially necessary to the cure ; and having seen great inconvenience occur, and much valuable time lost, either from the difficulty of obtaining leeches, or when procured of making them attach themselves where most wanted, in the winter of 1813 and 1814 when I myself was attacked with erysipelatous inflammation of my right arm, consequent upon fever, to which leeches were directed to be applied ; none being to be procured either in Rochester or Chatham (where I was then employed as surgeon in the Trusty hospital ship in

the Medway), I determined upon trying the effect of puncturing my arm in various places with a lancet, which I had often thought might be beneficially substituted for leeches, whose tardy triangular perforations it appeared to me could have no advantage over simple punctures promptly made in any situation and to any depth, extent, or number that might be required. And the relief they afforded me was far from disappointing my expectations, though I confess that I did not derive all the benefit from them which I might have done, had less time been lost before they were recurred to, or had they then been used with the same freedom which subsequent practice has proved to be so efficacious: suppuration however was happily prevented.

“ The favourable result of puncturing in my own case encouraged me to try its effects in others. I did so with great caution at first, selecting only those cases in which the disease affected the extremities alone; but acquiring confidence in it by success, I soon began to use it more generally, and for several years past I have employed puncturing in the manner above detailed in every case of erysipelas which has occurred to me, in any part of the body; and in an extensive hospital practice my opportunities have been very numerous. But it is not to my hospital patients alone that this mode of treatment has been extended: I have employed it among women and child-

ren, and have prevented suppuration and sloughing of integuments in several, whose faces I have found perfectly hideous from the disease, and in whom I firmly believe that it would not have yielded to any other treatment. I am far from wishing to vaunt the success of my own practice, but I feel myself justified by it, in assuring the profession at large, that where erysipelas is confined to the extremities, or where it attacks the parts exterior to the cavities of the cranium, thorax, abdomen, or pelvis, the treatment above described has proved uniformly successful. And in the only two cases in which it has failed, out of several hundreds in which I have employed it, examination after death proved in both, that the meninges of the brain were affected by the disease, to which I had reason to suspect it had extended before I had an opportunity of adopting the punctures.

“Before I resorted to this practice I used to bleed freely in erysipelas; but experience has convinced me that general blood-letting is not so beneficial in this disease as, reasoning from its utility in other inflammatory affections, one would be apt to infer; and that puncturing, whether it be to discharge a fluid already effused, or to relieve gorged and distended vessels, has greatly the advantage over general bleeding, which by directly diminishing the natural stimulus of the heart, and probably by promoting absorption of morbid matter (which in the other mode is evacuated), tends

more to debilitate the patient and to increase the danger.

“ Previous to concluding this letter, it may not be unimportant for me to add, that I do not confine the practice of puncturing to cases of erysipelas alone, having long been in the daily habit of using it in every other inflammatory state of the skin requiring local abstraction ; and I find it so exceedingly useful in the vicinity of old and irritable ulcers, that I have not had occasion to amputate a limb for ulcer of any description ever since I have had recourse to this mode of treatment, though it will be readily credited that we receive a great number of very bad ulcers in this institution, where thousands of men who have been maimed in the naval service are provided with an asylum.

“ I remain,

“ Dear Sir,

“ Your most obedient Servant,

“ R. DOBSON.”