CASE
OF
ERYSIPELAS,

WITH SOME REMARKS,

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LATE SURGEON TO THE ROYAL NAVAL HOSPITAL AT DEAL, SURGEON TO HIS
ROYAL HIGHNESS THE LORD HIGH ADMIRAL, AND SENIOR SURGEON
TO THE WESTMINSTER GENERAL DISPENSARY, ETC. ETC.

Read 13th November, 1827.

SINCE the last meeting of the Society a case of erysipelas has occurred in my practice which appears to possess some interest, at this period, in more than one point of view, and which, with the permission of the Society, I shall briefly detail, offering in conclusion a few remarks on the subject generally.

On Thursday morning the 1st instant, I was requested by Mr. Brooks of Bedford Street, Covent Garden, to see Mr. S. He is 52 years of age, of a spare and relaxed habit, arising possibly from too close an application to business and great abstemiousness in his mode of living. Mr. S. had a few days before received a slight abrasion over the ridge of the right tibia, by his leg being thrust be-

tween the iron steps of a gig, in his hurry to extricate himself, the horse falling upon his knees. The abrasion did not exceed the size of a fingernail, but was neglected for a couple of days, the patient continuing to walk about as if no such accident had occurred.

When I first saw the disease, there was what I should call a *slight* degree of erysipelatous inflammation, of the erratic species, and of a red brick-dust colour over the front of the tibia, from its tuberosity downwards to within four or five inches of the instep, and extending outwards and backwards to the centre of the gastrocnemius muscle, which was, on one part hereafter to be mentioned, exceedingly painful to the touch. Except in the immediate vicinity of the wound, which had a healthy suppuration, and over the front of the tibia, there was not even the slightest appearance of swelling, glossiness, or shining of the skin. On the contrary, the calf of the leg was remarkably flaccid, and the inflamed skin wrinkled or corrugated, so that there was neither tension nor œdema of any part, except over the front of the bone. The patient's pulse at this time did not exceed seventy, and was small and languid.

Mr. Brooks had been called in, two days before I saw him : he had attended to the state of the bowels ; was giving him the sulphate of quinine every four hours, with wine ; had applied leeches

to the inflamed surface ; poppy-head fomentations and an emollient poultice to the abraded part.

Upon the first view of the case, I did not conceive it to be one in which incisions were at all called for, and therefore recommended a continuance of the same mode of treatment, with the occasional use of an evaporating lotion in the intervals of fomentation, to be applied all over the inflamed surface, except the abraded part, and the quinine and wine to be increased, with the most nourishing diet.

The next day I was startled on inspecting the limb, at the appearance of a mortified patch of integument of the size of a dollar, on the outside of the leg, the patient's pulse at this time continuing of the same strength and frequency. Decisive measures could no longer be delayed, and accordingly I made six or seven incisions down to the muscles of an inch in length, one over the tibia, through the periosteum, two into the sphacelated part which included a portion of the adjoining inflamed surface, and the others in different parts where the inflammation seemed most to prevail : and, to our great satisfaction, on examining the limb six hours afterwards, we found the sphacelus arrested, the patient in comparatively little pain, and matter exuding from the incised parts.

A day or two subsequently there was a small

spot disposed to become gangrenous on the outside of the knee, four or five inches from the nearest incision previously made ; one cut of an inch and a half in length through the part instantly stopped its progress, and the disease thus became completely subdued. The incisions discharged healthily ; the sphacelated part became detached on the sixth day, leaving a clean granulating surface with a slight insulation of integument between two of the incisions, from which some portions of the fascia were removed ; this, with a compress and roller, is becoming adherent to the subjacent parts. Lime-water is poured over the granulating surfaces. There is now no pain in the limb, except when it is exposed to be dressed, and the patient's health, appetite, and spirits, are good. He has continued the wine, quinine, and nourishing diet up to this date, and to-morrow I propose to strap the limb, the pulse being now natural as to strength and frequency.

During the period of inflammatory action in this case, that part of integument which afterwards sphacelated was exquisitely painful to the touch, as has already been noticed, and which circumstance will lead me in such another case to suspect the existence of greater mischief than otherwise could be imagined from existing appearances. This observation is the more worthy of serious attention to the practitioner, because I have since recollected two or three instances of this same species

of erysipelas, where the like symptom of exquisite pain to the touch was followed by precisely the same result. The conclusion, therefore, is, that in such cases we must have much earlier recourse to incisions, by which means fascial or sub-cellular suppuration and gangrene of the parts may be prevented.

From the discussion that took place at your last meeting, when Mr. Lawrence's cases were read, it appeared to some members, as well as to myself, that we should not have recourse to incision in this disease unless in the more desperate cases, such as were described in my original paper in the fifth volume of your Transactions. But it would appear, that in a crowded city, such as London, this disease is occasionally, as in the present instance, so very insidious in its attacks and progress, that if not very much on the alert, the practitioner may find himself deceived, and his patient slip through his hands most unexpectedly; and hence it really becomes an important question whether, as my friend Mr. Lawrence has suggested in his paper, it might not, in the great majority of instances, eventually prove to be the best and safest practice to have recourse to incision at once?

It has been shewn to the Society by the remarks which fell from that distinguished physician,

Dr. Babington, at our last meeting, that a modification of this practice among the old seamen in Greenwich Hospital had uniformly succeeded with the surgeon of that institution. Two of these cases under treatment were, I believe, shewn to Dr. B. on a recent visit to that hospital. I have since seen Dr. Dobson, who informed me that he performs the operation of puncturing the inflamed surface with a lancet, whether on the face or elsewhere, introducing the instrument to nearly a quarter of an inch below the skin; and that he had done so in some hundred cases, without having once failed in completely subduing the disease in a remarkably short space of time. His medical treatment in all these cases corresponds, I am informed, with that usually practised in this country.

Now if this modification of the treatment of erysipelas by incision, for it is still the same practice, succeed as well in the sub-cellular or fascial species of the disease as it appears to have done in the purely cutaneous, I am free to admit that it is a great improvement on my plan, and a still greater on the extension of it by my learned friend Mr. Lawrence. But if my views of the seat of erysipelas phlegmonoides be correct, I feel pretty confident that in certain cases Dr. Dobson's slighter incisions or punctures will not so immediately and effectually, if at all, arrest the

destructive progress of the disease, however early they may be made, particularly when the fascia is involved in it.

I do loudly protest against the practice of making the incisions of such length as recommended by Mr. Lawrence, both as unnecessary, and not so likely to stop the progress of the disease where it is spread over a wide surface, as several smaller incisions made on different parts, where the disease is found to be most active; for it will have been seen, by the closely observing surgeon, that when this disease runs on to supuration or to gangrene, for example, abscesses or gangrenous patches are occasionally found to have taken place in different parts laterally distant, and having no communication with each other. Now if one long incision be made in a direct line through the middle of the inflamed surface, according to Mr. Lawrence, the disease may be still unsubdued, though greatly lessened on each side of it, to a certain distance. But supposing the disease be found to occupy a space from the great trochanter to the toes, including the whole circle of the thigh, leg, and foot, which I have witnessed in two or three cases, wherein eighteen incisions were certainly made of an inch and a half in length, will one or even two incisions of fourteen inches in length arrest such an extent of disease? My experience teaches me that they will not, and hence it is, that I have stated, that in

such desperate cases we must have recourse to such a number of small incisions, according to the extent of inflamed surface, as will arrest the disease. It appears to me more than probable that the fatal case of erysipelas treated after this manner, and detailed by Mr. Lawrence with so much candour, might not have terminated so, had the incision been confined to an inch or an inch and a half; for it was in this case, if I mistake not, that he made his longest incision; but even here the patient ought not to have been lost, for surely the dresser, or house-surgeon of the hospital, might have secured the bleeding vessels with a ligature: and therefore this case ought not to militate against the practice.

In cases of hemorrhage, I have never once in my practice found a ligature necessary. When as much blood has been abstracted from the incised parts as was desirable, I have very readily stopped it, by elevating the member operated upon above the centre of the circulation; which, with moderate pressure, has succeeded in arresting the bleeding, by the impetus being lessened at the divided part of the artery; and the usual contraction of the mouth of the vessel has been the consequence.

I do hope that my friend Mr. Samuel Cooper will now consider it incumbent upon him to furnish the Society with a detailed account of the

two cases he adverted to in his speech, as having been unsuccessful after incisions; that the profession may be put in full possession of every fact bearing upon this important subject. But from the great mass of evidence already before the profession, in favour of this mode of treating erysipelas, it is not very likely that these two solitary cases can make much against incisions in erysipelas, so uniformly successful in the practice of every other medical man who has adopted them; and therefore I do hope that Mr. Cooper, with his accustomed candour and urbanity, will redeem the pledge he gave to the public, by recalling those opinions he advanced in the third edition of his valuable work, since he has in his speech before this Society acknowledged most distinctly, that he had in his dictionary condemned the practice of incision in erysipelas, untried, and without any experience!

Dutchess Street, Portland Place,
12th November, 1827.

P. S. 30th December, 1827. Mr. S., in whom erysipelas was treated by short incisions, as was related in the foregoing paper, has perfectly recovered.