

REMARKS ON THE TREATMENT, &c.

OF

ERYSIPELAS.

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THE last LANCET but one contains some remarks by Mr. Gooch, R.N., on the erysipelas which lately prevailed on board his Majesty's ship *Prince Regent*. He considers the disease to have had an intimate connexion with, if not its origin from, the foul state of the hold, and the great dampness of the vessel, arising from the frequent and superfluous washings which had been practised on board her prior to her sailing from England. I am willing to allow that this may have been partly the case, but I will venture to say that few naval men will be able to understand how such an accumulation of filth could have taken place as he states to have been found when she was paid off.

It must be recollected that the ballast is now composed of pigs of iron, and that the strictest attention is paid to dryness, cleanliness, and ventilation. I believe also that it is a general rule (and especially so when sickness has appeared to any extent on board) to have every part of the vessel thoroughly cleaned and dried by swinging fires every four or six months, all the stores and tanks being taken out for the purpose. If this had been had recourse to immediately on the disease breaking out, or as soon afterwards as convenient with the duties of the ship, it might have been either arrested in its progress, or greatly mitigated in its severity.

Mr. Gooch does not imagine this disease to be contagious. With this opinion I cannot concur. I think it might have originated as he describes, but have been subsequently spread by contagion. This we see illustrated every day in typhus fever, yellow fever, and cholera. Erysipelas was very prevalent in this town and vicinity five months ago. I attended with my brother a number of cases, some of which indubitably proved its contagious nature. As these assumed a very malignant character, and as the remedies employed were eminently successful, you will perhaps allow me a place in an early Number of your Journal for a few observations.

Mr. Gooch makes no mention of emetics, at which I am surprised. I entertain the highest opinion of their value, when employed in the onset of the disease. I have sometimes observed them completely subdue the fever, and prevent the further course

of the inflammation. The late Mr. Headington, of the London Hospital (deservedly a very high authority), almost invariably used them, and with the most decided benefit. After the operation of the emetic, we gave a full dose of calomel, antimonial powder, and opium, which was repeated every four or six hours, according to the urgency of the symptoms. The saline effervescing draughts were also regularly administered, and I think they should never be omitted, as they have, apparently, a specific power in relieving some of the most distressing symptoms.

The *lot. plumbi c. spi.* was found the best local application. In four, five, or six days (usually the latter period), the febrile excitement abated, and typhoid symptoms presented themselves. If the disease were in the head, there were occasionally low muttering delirium, and an insensibility to surrounding objects, except when brought to a momentary state of consciousness, by being loudly spoken to. The great prostration of strength now indicated the absolute necessity of throwing in every support. Wine, brandy, nourishing diet, cordial and stimulating medicines, were freely given, and strong sinapisms were applied to the feet, in order to produce a reflux of blood from the head. By these means we have sometimes roused them as if by magic, and restored them to health when their friends had quite despaired of their recovery. In older, debilitated subjects, stimulants must be resorted to at an earlier period, but never, as far as my experience goes, will their use be justified at the commencement, as the fever is always of an open and inflammatory nature. The only difficulty in the treatment is to determine the precise time at which they are required, and it certainly demands great caution and judgment on the part of the medical practitioner.

The remedies of Mr. Gooch were, free venesection, purgatives, and the strictest antiphlogistic regimen. Making every allowance for the superior stamina of sailors, still I must be permitted to doubt the propriety of such extensive depletion, and I conceive that the great and unusual fatality on board H. M. S. *Prince Regent* will bear me out in doing so. In every case that I have witnessed, where venesection has been performed, great debility has supervened, which has (to say the least) very much protracted the cure.

A hackney coachman was, some years ago, admitted into the London Hospital under the care of the late Mr. Headington, with a punctured wound of the hand. He was a strong and very healthy individual. In a few days erysipelas attacked the extremity, and was ushered in with great

constitutional disturbance, the pulse being quick, full, and bounding. Under these circumstances Mr. Headington ordered the man to be bled, and I shall never forget the effect it produced. Two ounces had not been abstracted, when an alarming state of syncope took place, from which it was with great difficulty he was restored. This man ultimately got well by the use of powerful stimulants. Of the incisions, recommended by Mr. Lawrence, I can speak most favourably. A sailor on board H. M. S. *Jaseur* was seized with erysipelas of the left leg, which extended to the knee. For several days it went on unchecked by the medicines. The limb was excessively swollen and painful, and evidently about to suppurate. A trial was therefore made of the incisions, and the relief was almost instantaneous. The inflammation rapidly subsided, and in a few hours the limb had nearly regained its natural size. A roller was now applied, and the wounds healed by the first intention.

In some cases the redness and swelling arise, even from the commencement, from a want of tone in the vessels, and this is almost always the case when the disease has been established a few days, or as soon as the first excitement has been subdued. Much advantage will consequently accrue from the nice application of roller, so as to give gentle and uniform support to the part.

Differing as I do so materially from some of the conclusions of Mr. Gooch, and knowing also that *THE LANCET* is extensively circulated amongst naval medical officers, I have felt it my duty to make these comments on his letter.

Skipton in Craven, Sept. 25, 1832.

OBSERVATIONS ON THE

MALIGNANT CHOLERA IN ENGLAND.

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HAVING lately had considerable experience in the treatment of the prevailing epidemic in the Military Cholera Hospital, Regent Street, Westminster, I beg leave to send to *THE LANCET* a few observations on that important subject.

I have found the disease here exhibiting all the very same singular characters that it did in India; indeed its almost entire identity in all respects is very remarkable, considering the extreme difference of circumstances. I have not found the consecutive affections more frequent, more protracted, nor otherwise different from those in India, and as far as I can learn, there

does not appear to have been generally in these islands that great prevalence of febrile sequela, which is described as occurring in Russia, and greatly altering the general aspect of the disease from that which it exhibited in India.

The average daily number of new cases in Great Britain, which appear in the reports of the Central Board for two months back, is 530. The average of "remaining cases" for the same period is 1515; a surprisingly small number in comparison with the great daily influx, showing that the cases in general have either died or recovered very rapidly; the average time of each case remaining on the reports, or under treatment, being less than three days. It is scarcely to be supposed that even the slight cases could get well in a much shorter time, and it appears, therefore, evident that there cannot have been any great proportion of the protracted fever cases, or rather, as I believe, inflammations, which are always more or less frequently met with. It was observed in Moscow, that the greatest number of deaths took place in the hot stage. I believe it will be found that by far the greater number in these islands, as well as in India, have died in the stage of collapse.

The greater frequency of the premonitory diarrhoea and cholerrine, certainly appears to constitute a shade of difference, but I have long ago placed the fact on record, that "the distinct attack of the disease was frequently preceded for several days by simple diarrhoea" in India, and pointed out the prevalence of the various other slight affections accompanying the epidemic, to which also the term *cholerrine* has since been applied. It certainly appears that the *sub-susceptibility* to which these affections seem to be owing, exists in greater proportion in these countries than in India.

I have almost invariably found, that the mere diarrhoea has existed here from half a day to four or five days before the setting in of the severe symptoms, as if the system was insusceptible of the graver forms of the disorder until the salts and serum of the blood were drained away by the continuance of that process. The transition to the second stage is generally rather sudden and well marked. Its most usual precursor, and, probably, immediate cause, is that sound sleep which generally takes place towards morning. The patient awakes from it with an urgent call to stool; vomiting supervenes, then spasms, and the sinking of the circulation, with more or less of discoloration of the surface, and the eleventh hour for treatment has arrived!

It is a most providential circumstance that the disease usually affords us this salutary warning, but few are sufficiently aware