

be carefully examined, so that a second polypus be not overlooked.

I have thus briefly brought this small but not unimportant subject before the notice of the profession, feeling confident that the existence of polypus of the rectum is not so uncommon as is generally believed, and that such an affection is usually mistaken and treated for piles. In children, the presence of bleeding from the rectum should at once lead the practitioner to suspect the existence of a polypus; and, when detected, its removal is the only correct treatment. I have never had an opportunity of seeing a child suffering from piles, and believe that cases so described are generally mistaken, and that, in reality, they are cases of the disease now under consideration.

Wellington-street, London-bridge, Nov. 1859.

ON THE CAUSES AND TREATMENT OF ERYSIPELAS.

By CHARLES DAVID DOIG, Esq., M.R.C.S.E., Leith.

PATHOLOGY, or the science of disease, is usually divided into general pathology and special pathology; therapeutics, the science of curing disease, into general therapeutics and special therapeutics. There is a second division of therapeutics recognised by authors, though, on all occasions, not a practicable one—viz., into medical therapeutics and surgical therapeutics. Medical therapeutics may be regarded in another and very important aspect—viz., the consideration of the action and use in diseases of the various articles of the materia medica. It is a necessary inference, then, that therapeutics is a conjunct science, and that its components, medicine and surgery, are inseparably connected with pathology. Under the head of general pathology and general therapeutics are usually discussed the methodical arrangement of diseases—in other words, nosology, as well as general doctrines with regard to the nature, symptoms, causes, treatment, and prevention of disease. Special pathology discourses on the literature, anatomy, causes, and symptoms of diseases individually; the treatment applicable to each comes within the range of special therapeutics.

In the following observations it is my intention to illustrate some points in the pathology and treatment of erysipelas, a disease that is not uncommon in practice. The following data afford instructive information as to the frequency with which the disease is met under some circumstances:—During the year 1852, out of 1000 cases attended by me in what is called the out-door dispensary practice of the Leith Hospital, 30 were erysipelas. The patients consist of those who are unable to pay for medicine and attendance, and are visited at their own houses by the resident surgeon of the institution. The accompanying figures, from which the above fact was taken, give some idea of the frequency of erysipelas in comparison with other diseases, as they came under my notice during the year 1852.

Analysis of the out-door dispensary practice during 1852.

1. Fevers, including febricula, continued, typhus, remittent, &c.	360
2. Rubeola	82
3. Scarlatina	44
4. Erysipelas	30
5. Inflammation of the lungs (bronchitis, pneumonia, pleurisy)	68
6. Phthisis pulmonalis	16
7. Pertussis	9
8. Diseases of the heart	9
9. Cholera	21
10. Diarrhoea	44
11. Peritonitis and dysentery	14
12. Other diseases of the digestive system	53
13. Uterine diseases	15
14. Rheumatism (acute, subacute, and chronic)	29
15. Tubercular meningitis	7
16. Diseases of the nervous system (convulsion, paralysis, epilepsy, mania)	23
17. Syphilitic diseases	18
18. Ophthalmic diseases	12
19. Inflamed joints (knee and shoulder)	4
20. Cutaneous diseases (urticaria, &c.)	9
21. Inflammation of the mamma	10
22. Dislocations	3
23. Other diseases (carbuncles, abscesses, glossitis, &c.)	120

—1000

Additional light is thrown on this topic by the statistics of other public charities. During the year 1851, there occurred 82 cases of erysipelas amongst 7640 dispensary patients of the West Richmond-street Dispensary, Edinburgh. At the same institution, during 1855, there were 75 erysipelas cases amongst 8624 recipients of aid. The following figures specify the distribution of these cases over the different months of the year; from which it appears that the disease is rather more prevalent during the months of October, November, December, January, February, and March, than during the other six months of the year; and that April and September are the months which are most exempt.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1851	9	6	7	4	4	5	5	9	6	8	8	11	82
1855	9	10	7	5	8	6	5	4	2	8	7	4	75
	18	16	14	9	12	11	10	13	8	16	15	15	157

During the year 1848–49, 58 cases of erysipelas were treated in the wards of the Royal Infirmary of Edinburgh, of whom 26 were males, and 32 females—a decided preponderance of females as compared with males, and consequently indicating a greater susceptibility to the disease in females than in males. The average residence in hospital of the 58 cases was 23 days. Of the 26 males, 21 were cured, and 5 died. Of the 32 females, 29 were cured, 2 died, and 1 was relieved; thus showing a less intensity of the disease amongst women than amongst men. At Guy's Hospital, during 1854, 26 cases of erysipelas and phlegmon were treated, with a result of 21 cures, 2 deaths, and 3 relieved. At St. George's Hospital, London, 30 cases were admitted during 1854, of whom 3 died. During four years, 94 cases were admitted into the same hospital, and the per-centage of mortality was 14.9.

The mortality of the disease in hospital practice is rendered more explicit when the data are arranged in a tabular form:—

Institution.	Year of Report.	No. of Cases.	Cures.	Dths.	Relvd.	Reporter.
Royal Infirmary, Edin. ...	1848-49	58	50	7	1	M'Dougall.
Guy's Hospital, Lond. ...	1854	26	21	2	3	J. C. Steele.
St. George's Hosp., Lond. ..	1854	30	27	3	0	Barclay.

The nomenclature (*ερω*, to draw; *πelas*, near) indicates one important feature of the disease—namely, its tendency to spread. It is often called the Rose, from the tint of colour assumed by the affected part. Another name by which it is known is St. Anthony's Fire.

In detailing the following cases, I have only entered into particulars so far as they appeared to me to relate to medical or to surgical practice.

CASE 1.—A young female, aged thirteen, of full habit of body, whose digestive system was easily deranged by any heavy article of diet, was attacked with erysipelas of the face, which in most respects followed the ordinary course of the disease in that region of the body. The tumefaction of the face and eyelids so altered the countenance of the individual, that it was difficult to recognise her. She was put on low diet. The treatment was otherwise exceedingly simple, consisting internally of a purgative, followed by saline diaphoretics, and locally of a warm solution of lead and opium. She made a good recovery, but has subsequently had several threatenings of the disease.

CASE 2.—A female, about forty years of age, pregnant, within a month of the time of delivery, was seized on the 1st of December, 1858, with rigors and headache, followed by general fever, and accompanied by redness, pain, heat, and swelling of the face. The digestive system was disordered; she complained of thirst and loss of appetite; the tongue was white, and the bowels constipated. In three weeks she was restored to health, the fever having in the interim subsided, the local symptoms having disappeared, and having been followed by desquamation. Shortly afterwards she was delivered of a child, the presentation being cephalic. This patient was of sound constitution. She was put on low diet. The internal remedies prescribed for her were simple, mild aperients, formed by a combination of calomel, rhubarb, and jalap, followed by a febrifuge sudorific, containing spirit of nitric ether, ipecacuanha wine, acetate of ammonia, and camphor mixture. The only local treatment adopted was anointing the face with olive oil.

CASE 3.—An adult, advanced in life, residing in one of the Leith closes, of a debilitated habit of body, placed himself under my care in consequence of erysipelas of the face, and recovered. This individual was put on a mild diet; the medical treatment consisted essentially in the exhibition of aperients and tincture of the muriate of iron internally, and anointing the face with olive oil.

CASE 4.—A young man, aged twenty, who had been attending a patient suffering from idiopathic erysipelas, and who was rather fatigued from want of rest, was seized with a feeling of languor, and subsequently with pain in the foot, which continued to increase in intensity, and was soon attended by the other local symptoms of erysipelas of the foot, along with general fever, disordered digestive system, headache, and delirium. The circumstance that appeared to determine the inflammation to the foot was wearing a shoe with the tie crossing the dorsum of the foot and causing pain. The patient recovered in a month, convalescence having been retarded by a relapse consequent on walking about too soon. The essential part of the treatment in this case was rest in the horizontal position, and incising the dorsum of the foot to give exit to some purulent matter.

CASE 5.—An individual of temperate habits, about twenty-five years of age, but temporarily debilitated, was seized with erysipelas of the foot. The exciting cause in this instance seemed to be friction from wearing too large a boot. Rest in the horizontal position, and mild diet, were the essential points of treatment; a purgative, and a few doses of citrate of potash, the adjuvants.

CASE 6.—A man, thirty-nine years of age, of temperate habits, though not of the strongest constitution, by the nature of his occupation exposed to heat and cold, who bore evidence of having previously met with severe injuries—as fracture of the bones of the nose and also of the clavicle,—on Dec. 9th, 1858, accidentally placed his foot on a rusty nail, which penetrated the instep to the depth of an inch. In spite of the pain that he experienced, he continued at his usual avocations until the aggravation of the pain rendered it imperative that he should give up work and take to bed. By the eighth day after the infliction of the injury he was seriously ill. The foot and lower part of the leg were swollen, red, and painful. The digestive system was deranged, and he was in a state of general febrile excitement of an asthenic character.

In the first instance the foot was examined carefully for some foreign substance; this not being found, an incision was made in the seat of injury, which gave exit to a few drops of pus. An active purge was then prescribed, and warm fomentations of lead-and-opium to the limb.

On the 18th he was in a state of extreme danger; the inflammation had extended to a little above the groin. Up to the knee-joint the girth of the leg was twice as large as that of the sound limb, in consequence of the amount of effusion. In the lower part of the leg the pain had subsided, and was followed by a feeling of numbness. There was redness, extreme tension, and blisters on the leg; near the outer ankle the textures were more seriously implicated than in any other portion of the limb: the parts here appeared verging to gangrene. Involuntary spasms, which had appeared at the outset, though to a slight degree, were now incessant, and continued more or less for at least six weeks. There was very considerable effusion around the knee joint, in addition to the pain and redness. Along the direction of the sartorius muscle there was more pain and swelling than in any other portion of the thigh. The redness has been already alluded to. The most striking symptoms of constitutional disorder were thirst, disinclination for food, brown furred tongue, frequent feeble pulse, restlessness, and delirium.

There appeared to be sufficient indications for active treatment. Accordingly I made two incisions near the ankle, where the tension was greatest and the texture most implicated. One of them was fully three inches and a half in length, the other not quite so long. No pus came away, but hæmorrhage was so considerable that torsion was necessary to arrest the bleeding from two small arterial twigs. The debilitated condition of the patient contra-indicated any further bleeding than could be avoided. Two incisions were subsequently made on the dorsum of the foot to evacuate purulent matter; two on the inner side of the knee-joint, one of them a counter-opening, to give freer exit to purulent matter and disintegrated cellular tissue.

On the 30th, it was necessary to make an incision in the direction of the sartorius muscle, about midway in its course, to let out a quantity of purulent matter and broken-down tissue. This purulent dépôt had formed, although the part had been early painted over with strong solution of nitrate of silver. Fully three ounces of pus were evacuated at each of these spots—the knee-joint, and over the sartorius muscle. At this date (December 30th) the condition of the patient was very much as follows:—A bed-sore on the sacrum, three inches by two; another bed-sore over the left trochanter, two inches by one. An incision, one inch in length, about the middle of the left thigh over the sartorius, communicating with a sinus, nine

inches long, running in the direction of that muscle; a small incision, and a larger one, an inch and a half long, more anterior, both on the inner side of the knee-joint, and communicating with a sinus four inches by three. The swelling of the limb much reduced. An ulcer, four inches long by three-quarters broad, formed in the seat of incision through the sloughy texture of the outer left ankle; this communicated with another ulcer rather more in front, three inches by one and a-half in extent, also posteriorly with a sinus, nine inches long, in the direction of the gastrocnemius, having an opening about the middle of the calf of the leg, partly formed by ulceration, partly by the knife. Another small ulcer near the outer ankle; two on the dorsum of the foot; one on the sole of the foot.

Jan. 2nd, 1859.—The patient still continues to suffer from the suppurative fever, the three stages being well marked—cold rigors, general fever, and sweatings. Some days he is bathed in perspiration. The surgical treatment has been already described. A few words must now be said regarding the medical treatment to which he has been subjected. It has been essentially tonic. Three grains of quinine have been given three times a day, and thirty minims of the tincture of muriate of iron three times a day, at the same time, to the amount of six drachms. Occasional alterative doses of calomel and opium have also been exhibited to correct the secretions, but not in sufficient quantity to produce salivation. Aperients have not been neglected. Laudanum and morphia have been freely administered to calm the irritability of the nervous system, and to procure sleep. Some nights he has taken as much as three drachms of laudanum. While the bed-sores were in an incipient state, there being merely cutaneous redness, the application of creasote wash, one to eighty of water, appeared beneficial in retarding the formation of a sore; the ordinary poultice was used to aid the separation of the slough. The following is the treatment prescribed at this date:—Nourishing diet, wine; poultices to the bed-sores, to the abscess over the sartorius, and to an ulcer at the ankle; water-dressing to the knee-joint and dorsum of the foot; strapping to the long ulcer at the ankle-joint and to the sinuses. Sulphate of quinine, half a drachm; dilute sulphuric acid, half a drachm; compound tincture of cardamoms, an ounce and a half; water, six ounces: half an ounce to be taken three times a day.

12th.—Improvement has been slowly advancing. Ordered, tincture of the muriate of iron, one ounce; tincture of ginger, three ounces; infusion of quassia, twenty ounces: one ounce three times a day.

March 2nd.—He has been able to get his clothes on for the first time since he took to bed in December. He is still in a state of great debility. Under the use of nutritious diet, wine, and tonics internally, poultices, water-dressing, the application of stimulant-astringent lotions, (as spirit lotion, zinc lotion, and copper lotion,) the support of strapping and bandages, sloughs have separated, sinuses healed up, and ulcers skinned over. Touching exuberant granulations with solid nitrate of silver has materially aided the healing process. In consequence of debility and the tender condition of the injured parts, it was the month of April before he could go out. Local bathing with cold water twice a day has tended to invigorate the limb. His perfect recovery has, however, been retarded by an attack of urticaria, in which the cutaneous eruption was attended by gastro-pulmonary symptoms of some severity. The face was puffy, the breathing difficult, and attended with copious watery expectoration with a frothy top. The attack appeared to have been excited by the combination of iron, treacle, and senna. This occurred by accident. He recovered in a few days, having taken a sharp purgative to clear out the intestinal canal.

July 10th.—He has, during the last six weeks, been suffering from chronic eczema rubrum of the left leg. The skin covered by a furfuraceous pellicle, parts of the leg cracked and fissured, excoriated spots exuding serum, and surrounded by a red margin, and numbers of small vesicles containing serum, formed the most striking appearances of the disease.

The application of a poultice was efficacious in removing the scurf and relieving the itching; and a solution of tannin, one drachm to six ounces of water, in checking the serous discharge. The eruption entirely vanished. On its reappearance in a milder form, the application of warm bran water had a similar salutary effect, subduing the redness, itching, and heat of the limb, the crop of vesicles at the same time disappearing. His bowels were regulated with tonic aperients.

In the month of October this patient had a very severe attack of eczema rubrum of low type, which yielded satisfactorily under the local use of tannin solution (two drachms to six ounces of water).

CASE 7.—A party of men, engaged at the end of the Leith

pier in driving piles into the ground to extend the pier seawards, overbalanced the apparatus with which they were working, and were precipitated amongst the stones. J. B., aged thirty, residing in Edinburgh, a native of Cavan, was stunned by the fall, and brought to the Leith Hospital on the 15th of May, 1851. On examination, he had sustained a considerable bruise, a lacerated wound on the right eyebrow, and a similar one on the left eyebrow. In addition to these minor injuries, a large portion of the scalp was torn off the posterior part of the head, a transverse wound extending across the vertex. The head was shaved, the flaps washed, replaced, and retained in apposition by adhesive plaster and a bandage. On the following day, he had rigors, headache, general soreness, and thirst, which proved to be the premonitory symptoms of erysipelas of the scalp, from which he soon recovered.

CASE 8.—A boy, about fourteen years of age, while engaged in cleaning windows, lost his balance and fell to the ground two storeys and an area flat. The concussion following the accident was slight. He had sustained several bruises, and an extensive scalp wound. The hair was shaved off, and the parts brought into contact and retained by adhesive plaster. An abscess formed below the flap, and erysipelas of the head made its appearance. The dressings were removed, the matter evacuated, and the erysipelas subsided. The only treatment to which the boy was subjected was low diet and a purgative.

Remarks.—The symptoms of erysipelas are so apparent that it is hardly possible to mistake the disease. It consists essentially in inflammation of the skin and subjacent cellular membrane, preceded and accompanied by constitutional disturbance. The local effects of the inflammation are effusion of serum, of lymph, formation of pus, and sloughing of tissue. The general indications are not different from those attending the other febrile exanthemata with which the idiopathic form of erysipelas should, I think, be classed. They include general malaise, chilliness, rigors, loss of appetite, thirst, and general pain. In some cases there are headache, delirium, and coma; the last is a dangerous symptom. Locally, there are heat, pain, redness, and swelling. Sometimes it is erratic in type. Under some conditions the disease appears to be contagious. It may be the means of exciting puerperal peritonitis, or be excited by that disease. By some pathologists, erysipelas has been etiologically associated with gout, rheumatism, and purpura. In one of the cases detailed, its sequelæ were urticaria and eczema. May there not be a connecting link amongst these six diseases? Erysipelas may also occur as the sequela of synchus and typhus. At the Royal Infirmary of Edinburgh, during the year extending from Oct. 1st, 1848, to Oct. 1st, 1849, amongst 363 cases of fever, 10 were complicated with erysipelas.

It is common in overcrowded hospitals, where the air is of necessity foul; and its occurrence is favoured by a cold, moist, changeable atmosphere. The intimate association of erysipelas with an impure state of the blood, caused by imperfect assimilation and excretion, would seem to be something more than probable.

In three cases of erysipelas of the face detailed, the disease occurred idiopathically, at least there was no known exciting cause. In two cases of erysipelas of the scalp, it is difficult to decide whether the exciting cause of the disease was the scalp wound, or the irritation of pent-up secretions. In one case the symptoms subsided as soon as a purgative was given, antiphlogistic regimen put in force, and the dressings removed. Two cases originated from very trifling exciting causes—viz., in one, moving about with a shoe-tie crossing the dorsum of the foot, and causing extreme pain; in the other, from friction with too large a boot. The case of phlegmonous erysipelas was consequent on a rusty nail penetrating the sole of the foot.

The three idiopathic cases terminated with desquamation without the formation of a drop of pus, or the loss of a drop of blood. The local treatment pursued, in two of these cases, was anointing with olive oil; in the third, fomenting with a warm solution of lead-and-opium. The general treatment consisted in the administration of purgatives in the three cases, combined with strict antiphlogistic treatment in two. In the third case, the tincture of the muriate of iron was given.

Of the five cases of traumatic erysipelas, the two of erysipelas of the scalp require no further notice. One case of erysipelas of the foot terminated in abscess of the dorsum. When this was evacuated, the only other treatment required was rest in the horizontal position. Case 5 recovered with rest in the horizontal posture, a purge, and the internal use of citrate of potash. Case 6 was more severe than any of the others. Three months elapsed before the individual could walk about the house, and other four weeks before he had sufficient strength

to walk out in the open air. The protracted character of the case resulted from the extent and severity of the local disease, the slowness with which the large abscesses, the extensive sinuses, the bed-sores, and the ulcers healed. The treatment consisted essentially in free incision, with quinine and opium internally, as well as iron, and occasional doses of calomel and opium. In the first instance, incisions were made to subdue local inflammation, relieve tension, and save texture; afterwards, to evacuate purulent collections. The abscesses, ulcers, and sinuses were treated in the ordinary way. Of the two sequelæ, urticaria and eczema, the latter alone requires further notice. The application of lead wash or alkaline wash, before the furfuraceous pellicle was removed, had no effect. Two or three poultices at once accomplished this, and permitted the tannin wash to be directly applied to the diseased surface, which at once accounts for its superior efficacy.

Other remedies have been resorted to in the treatment of erysipelas, of which aconite, belladonna, a mixture formed of antimonial solution, sulphate of magnesia, and an infusion of senna in combination, bloodletting, and puncture are the most important.

Seafeld, 1859.

REPORT OF A CASE OF A GUINEA-WORM IN THE EYE.

By HENRY MITCHELL, M.D., Trinidad.

Now that the history of parasites infesting the human frame is being so generally investigated, I wish to draw attention to a species, not in itself rare, but which has seldom shown itself, as in the following instance, in a situation where its vitality was so distinctly perceptible. I allude to the guinea-worm (*filaria medinensis*).

In the year 1837, my attention was directed to a young girl, a native of the west coast of Africa, who had been taken from a prize ship and sent to this colony in 1834. She had been domesticated for about three years in the family, and, although otherwise healthy, complained occasionally of acute pain in the left eyeball. No other symptom attracted attention till the period first mentioned, when my presence was requested without delay, as a small worm was observed moving over the surface of the eye in question. On my arrival, however, the stranger had disappeared; it was described as about half an inch long, of a brownish colour, and as thick as a common sewing-cotton thread, and was stated to have moved to and from the inner edge of the cornea, causing pain as often as it touched the latter. The case was interesting, because at the time there was no reliable account of the *filaria medinensis* in print, although there existed a family tradition that one had been extracted, some sixty years before, from the eye of an African woman in the island of Antigua. The girl continued to complain from time to time of pain in the eye, and the organ was consequently examined, but without any appreciable result.

Four years afterwards, in 1841, the worm reappeared, and was seen by most of the family, but unfortunately during my absence. It was described as somewhat longer and thicker than on the previous occasion—from three-quarters to an inch in length. After this, the soft parts in the orbit appear to have accommodated themselves more to the presence of the animal, and the girl complained more rarely of pain.

In 1845, she came to me one morning with her head bound up after the manner of her tribe when suffering, and requested that her left eye might be examined, as it had caused her great agony during the night. On separating the lids, there was no redness or other inflammatory appearance, but under the centre of the portion of the conjunctiva, between the edge of the cornea and the inner canthus, lay the worm, motionless, resembling very much a piece of brown packthread, and twisted upon itself something in the form of the letter S laid horizontally. It appeared to be about two inches long. A medical friend happening to call at the moment proposed immediate extraction, but this was declined, as I considered that such an unusual appearance should be laid before such of the profession as chose to avail themselves of the opportunity. A circular was sent in consequence to six or seven of the town practitioners, requesting their attendance at the operation at seven o'clock next morning. In the afternoon, the worm had found