infection; but, under the depressing influence inseparable from an operation, it would be incurring an unwarrantable risk to expose a patient to the continued influence of such a poison, particularly if the case is one which will, under any circumstances, admit of delay.

There is certainly a peculiarity in traumatic erysipelas, with respect to its so frequently following wounds of the head and face; and I consider that this may depend upon the insertion of all the muscles of this region into the skin, the tissue invariably first affected by this peculiar description of inflammation.

Hence, in the case of persons suffering from an attack of erysipelas in the face, the most complete state of quietude, and absence of all mental excitement, are desirable, as affording the only means of preserving these muscles in a perfect state of rest, as they are immediately put into motion by the operation of almost every external circumstance, or by the least mental disturbance.

Another peculiarity in erysipelas, not yet alluded to, is its erratic tendency, or what is technically termed "metastasis," which constitutes one of the most remarkable features of this complaint.

The consideration of this fact forms a very important point in regulating our practice, and especially in erysipelas of the head; for, however proper it may be to attempt suddenly to subdue erysipelatous inflammation of the limbs or trunk, by the application of evaporating lotions, or any other means of abstracting the abnormal heat of the affected part, such treatment is quite inadmissible in erysipelas of the head or face, owing to the danger of producing metastasis to the membranes of the brain.

I have more than once seen a patient delirious a few hours after cold had been applied to an erysipelatous scalp, and restored as quickly to consciousness by the substitution of warm fomentations for the evaporating lotion. The rationale of this is sufficiently obvious: the action is due to the free anastomosis between the vessels of the pericranium and of the dura mater, through the substance of the bones of the skull; so that any cause that propels the blood from the pericranium must produce a proportionable influx into the vessels of the dura mater.

Patients attacked by erysipelas (more especially in this metropolis) bear depletion very badly, and there are but few cases in which general blood-letting can, in my opinion, be admissible.

Leeches should never be employed in erysipelas, as their bite becomes a fresh source of irritation; and, indeed, it is frequently the exciting cause of this peculiar character of inflammation.

The only antiphlogistic plan, therefore, left, is that of acting upon the secretions, which effect is readily produced by employing the following remedies:—℞ Hyd. Chloridi, gr. iss.; Pulv. Jacobi veri. gr. iij. M. ft. Pilul.; Magnes. Carbonat. gr. x. ℞ Sodæ Sesquicarbonat. ℈j.; Vin. Ipecac. ℥ss; Mist. Camphoræ, ℥j. M. ft. Haustus adde Succi Limonis Recentis, ℥ss. et in statu effervescentia sumendus bis terve quotidie. Should the patient evince any typhiod symptoms, ammonia should be substituted for the soda.

If there be much tension of the skin, attended with small blisters, without remission of febrile symptoms, it should be punctured in several places, to allow of transudation of the effused serum. This operation generally affords great relief. With respect to the long incisions recommended by some surgeons, I consider that practice to be worse than useless, unless there be extensive sloughing of the cellular membrane, which will very rarely occur if punctures be made as soon as the necessity for such relief is indicated by the tension of the skin; indeed, I have known fatal sloughing sores induced by the practice of incisions, and in more than one case death occurred from the hæmorrhage immediately resulting from the operation.

When erysipelas becomes diffused, the vivid discoloration of the skin diminished, the tongue dry, and the general signs of debility manifested, stimuli are required; but in common cases generous support is preferable to stimulus: I therefore usually prefer porter to wine or brandy, excepting under the circumstances above mentioned.

Where the inflammation of erysipelas has a great tendency to spread, it has been recommended to attempt to check its course by cauterising with lunar caustic the skin above the inflammation. Some have recommended mercurial ointment to be employed with the same view; and indeed I have seen both of them produce beneficial results by circumscribing the extent of the inflammation. I presume that the lunar caustic and the mercurial ointment close the pores of the skin wherever it is applied, and, preventing the natural cutaneous exhalations, set up a new action, and so tend to prevent the spreading of the erythematous inflammation; for, as far as I have observed, any other ointment will answer the purpose as well as the mercurial.

This fact would certainly lead one to the belief that erysipelas is, at any rate at its commencement, a cutaneous disease, and the extension to the subcutaneous tissues the result of a secondary action.

Vesicles generally form in those cases which do not terminate by resolution; hence erysipelas has been classed under the order Bullæ, by Dr. Bateman.

In debilitated constitutions, diffused abscesses frequently follow erysipelatous attacks, sometimes even at a distance from the originally inflamed part. Indeed, I have occasionally seen abscesses follow wounds around which no erysipelatous inflammation had occurred, and yet subsequently diffused cellular membranous abscesses have formed in different parts of the body, attended with considerable local inflammation; but whether these could be regarded as erysipelatous affections, I have frequently had much difficulty in determining. What I mean to express is, gentlemen, that it is often very difficult to distinguish the inflammation resulting from the formation of abscess in debilitated patients from phlegmonous erysipelas. In these cases, also, as in erysipelas, the abscesses are rarely limited by an adhesive boundary, but are diffused, indicating the extreme debility of the patient.

When abscesses result from erysipelas, they rarely extend beyond the subcutaneous cellular membrane, and do not appear to lead to absorbent inflammation, probably in consequence of the freedom with which the matter becomes diffused; while, on the contrary, when pus is formed in more deeply seated structures, as in subfascial and thæcal abscess, it is pent up by the inextensible tissues, and leads, therefore, to more urgent constitutional disturbance, and requires early provision for its evacuation.

Great care and attention are required after a patient may have apparently recovered from an attack of erysipelas, owing to the great tendency to relapse which generally exists in such cases; and it may, perhaps, be said—at least so my experience leads me to believe—that a person once attacked by this disease is ever after liable to its return from any exciting cause to inflammation—a circumstance which would seem to prove that the disease depends more upon peculiarity of constitution than upon the nature of the accidental injury, or even, perhaps, than upon any epidemic influence.

I have said, gentlemen, that it might be considered a deviation from my province to speak of bilious erysipelas, and other particular constitutional derangements modifying this disease; still do not for one moment imagine that I consider it unnecessary for you to study, and *scrutinously* too, the peculiarities, diathesis, and temperament of your patient; for you must remember that the slightest local injury can never occur without the restorative process being influenced by the age, sex, habit, and constitution of the subject; and whoever fancies that, because he has made himself acquainted with the name of the disease, he can at once apply some well-known appropriate remedy, will never advance beyond empiricism, nor establish his title to be considered in the light of a scientific practitioner; and I would almost say that his practice would be dangerous in proportion to his rapid decision in the classification of disease, if that alone be his aim. After what has been said, as to the tendency to erysipelas following the wounds of the scalp, and skin of the face, let me urge you, gentlemen, to be cautious how you undertake even trivial operations, on these regions of the body, without first having duly prepared your patient for the effects they invariably produce in the system. In some cases you may be requested to remove small encysted tumors from the scalp—an operation so trivial that it may be executed by a mere tyro in the profession—but even the most experienced and skilful surgeon may risk the life of a patient, and his own reputation, by want of a little precaution.

Never, I say, undertake such a task without first well ascertaining the actual state of your patient's health, as to the absence of any organic disease, the condition of the bowels, state of the urine, and natural performance of the functions essential to a healthy state of body.

Several years ago I removed an encysted tumor from the head of a patient. Upon making a mere incision through the skin it immediately turned out, the operation of extracting it not occupying more than a minute. On the third day I considered my patient convalescent; on the fourth I was suddenly sent for to see him, and found that a most startling change had taken place in