

## Original Communications.

*Two years and a half in a London General Hospital.* By G. F. SLACK, B.A., C.M., M.D., M.R.C.S. Eng.; late House Surgeon, Charing Cross Hospital, London.

In the course of a year a large number of cases of erysipelas came under treatment in a London hospital, some idiopathic, or, as they are usually called, medical; the greater number, however, following on injuries, operations, etc. Cases of medical erysipelas usually occur in large numbers in the spring and autumn among the poorer classes, generally attacking hard drinkers and those who are exposed to the night air. I recollect a great many policemen were attacked in the spring of seventy-two. It is very curious to notice the entirely opposite plans of treatment followed respectively by the physicians and by the surgeons. The physicians, as a rule, order low diet, purgatives and very little stimulant. On the other hand, the surgeons order bark and ammonia, mild aperients and stimulants in amounts varying according to the gravity of the case and the previous habits of the patients. The results tell strongly in favor of the latter plan of treatment, which I think is the only rational one, as most cases attacked by erysipelas are in a debilitated disordered state of health and require strong stimulants with aperients. If a lowering plan of treatment be pursued for a few days, unless the attack is very mild, the disease spreads, the patient becomes delirious, grows gradually weaker and weaker, and finally dies from exhaustion. On the other hand, if a stimulating, and, at the same time, alterative course be followed, the disease soon comes to a standstill and a rapid recovery is the result. It is a matter of some importance to find out what stimulants the patient has been in the habit of indulging himself in, and to order that in preference to any other. If no special preference is shewn, beer and brandy, in varying amounts according to the urgency of the case, will generally produce the best results. Should any particular form of stimulant prove nauseous to the patient, it ought never to be forced upon him, as a more agreeable substitute can generally be found. The muriate tincture of iron has been strongly recommended in these cases. In the very large number of erysipelatous cases which I have had the charge of, in not one single one have I seen any benefit from the use of this drug; in fact, in severe cases, where the tongue is thickly coated and where there is a tendency to delirium, I have seen it do

harm. I have, in severe cases, stopped giving ammonia and bark and tried iron, and the result has been a return of delirium and other bad symptoms. On returning to the ammonia and bark, marked improvement has taken place. Out of all these cases I have seen only two deaths, and this is the more remarkable as persons in London who are attacked by this disease, as a rule, belong to one of two classes, either very hard livers or those exposed to all weathers, being at the same time badly clothed and fed.

One of these was a Belgian laborer, who was struck on the side of the head by a large iron bar. He had a very long ragged wound of the scalp, extending from the temple to the back of the head. A considerable portion of the skull was laid bare. He had a very severe attack of erysipelas from which he was slowly recovering, when, by an unfortunate mistake in the diet card, in one day he was dropped from twelve ounces of brandy to four. His supply of porter was also cut short. The consequence was that he rapidly became worse, and in twenty-four hours was dead.

The other case was a very curious one. A short, square-built, previously healthy man, who earned his living by carrying parcels, etc., one morning noticed a small red spot in his groin. He kept on with his work, thinking that it would pass away. The next day finding that it was rapidly spreading, he took to his bed and remained under the care of his medical man for two days. The inflammation continued to spread up the abdomen and down the thigh. On the fourth day he was brought to the hospital, where in spite of all treatment he grew rapidly worse, the disease spreading up the back sides and down both thighs, the penis and scrotum being also implicated. The skin and deep tissues began rapidly to slough, and in a week the poor man was dead. Previous to this attack he had always enjoyed the best of health, had led a very active life, and had never over-indulged himself in any way.

With regard to the many local applications which have been recommended for this disease, nothing answers better than covering the part or parts affected with cotton wool. It is as well to dust flour over before applying the wool. The flour is soothing and the wool keeps the part warm. Other applications, such as nitrate of silver, collodion, etc., I have seen used but without benefit, and in cases of facial erysipelas the application of collodion does harm, at least delirium has rapidly supervened in some cases where the face had been painted with it. If the eyelids become completely closed, they will be sure