AN
INAUGURAL DISSERTATION
ON
Caryopsis

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Erysipelas

After some meditation on different medical subjects, I have chosen the disease erysipelas as a medical subject. To write my Thesis on, what is erysipelas.

It is an idiopathic inflammatory disorder, running a tolerably regular and definite course. attended by inflammation of the integuments of the body, or in other words, gout and eruption. Often prevailing epidemically, and capable of being communicated under circumstances favourable to its propagation.

Some authors contend that this disease has the power of protecting the system against other eruptive diseases. And this has not been
satisfactory explanation. This disease has been put down in the group of contagious exanthematis fever. The disease commences in the skin and gradually extends to subcutaneous cellular tissue. The commencing point of the disease is in the skin, and extends gradually to the neighboring parts. It is nothing more than superficial inflammation of the skin, with fever more or less general, tension and swelling of the parts, pain and heat more or less acute, redness diffused. And more or less circumscribed, disappearing when present upon, but returning as soon as the
Pressure is removed, erysipelas is generally an acute affection. Its medium duration is from eight to ten days. The extremities are from fifteen to twenty days. The duration of the disease may either be longer or shorter depending upon the perplexing nature of the disease or upon the constitution of the patient. According to various circumstances attending the disease, it has been divided into different forms: simple erysipelas; erysipelas phlegmonous; erysipelas oedematus. The symptoms of erysipelas are frequently of an aggravating character. The patient usually complains of a feeling of torsion.
measiness, a feeling or soreness in the limbs and joints, shakiness or rigors alternating with flushes of heat, and succeeded by frequent pulse. The skin surrens tongue lothensome appetite. Thirst. Sometimes nausea and vomiting, headache, restlessnes muscular debility and not unfrequently Courts of the throat, swelling of the lymphatic glands in the vicinity of the Ford which is disease, as of the neck in facial erysipelas and of the axilla. When in the superior extremities, in the groin when in the inferior extremities. On the second or third
day of the fever, sometimes earlier and sometimes later, and occasionally it is the first observable phenomenon. There may be seen upon some part of the inflamed surface a small redish spot usually somewhat elevated, painful and tender to the touch. This may occur on any portion of the body, but is much more frequent on the face or neck upon the cheeks or rim of the ear. The inflamed spot gradually spreads in all directions and usually though often in one more than another, exhibiting always as it advances an irregular, abrupt and somewhat elevated margin, which forms
As thickening boundary between the sound skin and the diseased. In some instances the boundary is left definite. Though scarcely ever gradually sheath off, like other ordinary inflammation so that it cannot be traced. The disease surface presents a livier red appearance. Often skinning that to the sense of touch, and generally harder than the sound skin. The distance to which the inflammation extends differs greatly, in some instances it advances slowly and is confined to narrow limits, in others it advances with great rapidity and soon invades the entire surface of the
This disease advances much more rapidly when it attacks infants, than when the adult is the subject of the disease. Owing to the tenderness of the parts, it rarely ever extends over the whole surface of the body at the same time. I witnessed one case of twenty in which the disease apparently invaded the entire surface of an infant aged twenty one days. This disease is generally very progressive in its course, and now and then instances occur in which it attacks in one expedition, separate and unison parts of the body, as a general thing, when the
disease attacks the face it is confined to the features, but has a great tendency to the scalp, and not infrequently extends over the whole of the head... and even downwards to the neck. Though rarely so far as the chest. There is frequently considerable swelling. The skin being thickened and hardened and the subcutaneous cellular tissue in general more or less dis tended especially in the loose texture as in the eyes or about the eyes, in the scrotum and prepuce of the male, and the vulva in the female. When the disease attacks these portions of the body they not infrequently
The terms of a syllabus, 

The pace sometimes is often 

characteristic feature is 

The eyes are sometimes 

closed for several days. The 

lips and ears are greatly enlarged 

The nostrils are much swollen 

as to obstruct breathing. At least it is 

with some difficulty that the 

patient breathes through them. 

The mouth sometimes is so 

stiff that it is difficult or 

with measuring that the patient 

speaks, and the external means 

is sometimes so narrowed that 

your patient seems to be 

unconscious of any noise that 

may be made in this room.
When the disease spreads over the scalp, it usually becomes edematous and the whole head is enormously enlarged. There is generally a sense of burning, pricking, smarting pain, usually experienced by the patient. The inflamed part is usually tender. The pressure produces a great deal of nausea. When the scalp is involved in the disease, it is difficult for the patient to find a comfortable position to rest the head. The pains are of a retreating character. The inflammation may gradually rise for several days.
apparently subsides without apparent effusion of any kind, and then terminates in desquamation of the surface, not sometimes about the fourth or fifth day. The scar is elevated by a serous liquid, which appears sometimes in the form of vesicles, sometimes in the form of small blisters, from a quarter of an inch to an inch in diameter. They very often run together so much as to form an extensive blistered surface. The surface is very frequently macerated by the evaporation of a liquid from the rupture of these blistered surfaces.
On the sixth or seventh day, they begin to dry up and by the ninth or tenth day they form small scurfed scales, which usually separate by the twelfth or fourteenth day leaving the skin covered with a new outside. The red mips and swelling subsides all the same time and are nearly or quite gone when the crustulae is fully formed. The whole duration is as you see in unfavourable cases about three to four weeks, but sometimes shorter than this, especially in the younger and those of vigorous constitution. Though
Somedimes from various causes considerably protracted, even after desquamation. It may be some considerable time before the skin has acquired its natural appearance and flexibility. The course of the disease very often varies more or less from the above description. Thus while the part first affected with the disease is going through the regular changes, the inflammation may have advanced to another point, which goes through its own period of increments and declines and so on with different parts successively. Do you see that a case may
The prolongation for a month or more, after the removal of the scar or skin from the blistered or vesicular spots, is sometimes continuing to extend from the surface an aerial lymph, for a whole space of time, which may even pass into a state of suppuration or ulceration, which greatly retards the cure of the disease. Cases have occurred in which the inflammation of the subcutaneous cellular tissue ensued in suppuration and even gangrene of the cellular tissue, in the former the pus is
of a healthy nature that passes through the elevated opening of the skin, in the latter the pus is of greyish green. There is sometimes portion of dead membrane that comes away with the discharges. The skin generally remains barren especially the bare skin in this disease. During the continuance of the cutaneous inflammation the fever continues in a very aggravated form, in vigorous constitution with no asthenic tendency to the disease. The pulse remains very full and tense.
without being very frequent.
and unless the inflammation
invades the scalp. There being
but little occasional delirium,
The fever having generally an
open inflammatory character
and offers little cause for alarm.
And when the scalp is involved
in the disease, symptoms of
cerebral disorder are very
often evinced by such as
headache, pinnity, delirium,
vastness, and decided
delirium; or perhaps what is
more frequent and constantly
one of the most striking
features of these cases is a ten-
dency to drowsiness. Slipper
comas. The inflammation
is supposed to penetrate its
way to the function of
the brain. Though rebel
cases of this kind are on
record, in which no disease
of the esophagus was
discovered after death.
I shall proceed to consider
and describe several forms
of the disease.
Simple Empyema, may be
described as cutaneous infla-
mation affecting simply
the external skin or
scurf skin, and is generally
not progressive in its course
terminal usually most generally
favorably when proper
plan of treatment is pursued.
Erysipelas phlegmonoses, as where the disease that often
oder beneath into the subcutaneous cellular tissue. This
remedies with greater pain
and swelling than the more
superficial variety of
the disease. Symptoms are
much more aggravating
frequently attended with an
followed by suppuration
in which there is considerable
distension and swelling
of the affected parts.
Erysipelas cellulamoides. This form
of the disease may be characterised by the great dislo-
ion or swelling of the part.
This variety happens more
frequently in the inferior extremities or in other words
the distention or swelling is greater in the lower extremities of the body. The legs are
not infrequently swollen to such enormous extent as to render the patient unable to stand or upon them
for any length of time. When erysipelas attacks apoplexy patients it is very apt to assume the apoplectic form. The organs of generation are sometimes the
death of this disease in which the patient is soon very much disturbed. This form of
the disease is shown.
when the face or scalp is affected. The surface is red but not so deeply red as in the other forms of the disease. The skin appears shriveled, skinning but not elastic. The surface may give an impression. This form of the disease though not infrequently ends in resolution of properly treated. It may often be attended with suppuration and sloughing of the cellular tissue and sometimes by the death of portions of the skin.
The cause of this disease are not altogether well understood. The cause of erysipelas has been attributed to the effects of heat and cold. Stimulating articles of food and drink, excess fatigue, violent emotion as of fear or anger, suppression of habitual discharges, such as of the menstrual or hemorrhoidal flux or from old ulcers, and even the transfer of a similar or slightly imitation of the part. The most attributed and positive cause is in consequence of
an undue excitement of
the skin, as from the
direct ray of the sun,
burns, superficial injuries,
wounds of all kinds seem
to be the starting points of
the disease. Some persons
appear to be constitutionally
prone to the disease.
Surgical operation
and accidental contusion
on persons who seem
to be constitutionally
prone to the disease
are usually starting points
of the disease. Very slight
injuries as the sting of the
wasps, uncut wounds of
the lance, scratches of a
Pin may be sufficient to produce the disease in persons constitutionally predisposed to the disease. They may have frequent attacks of it without any apparent cause, the predisposition alone being sufficiently powerful to bring about the result. Some persons have attacks of the disease periodically, some having it once or twice a year. Some women have attacks every month. Dropical patients are predisposed to croupus and the same is the case to a limited extent with every cause that depresses the system. The inconstant are more
liable to the disease than the temperature, influences which tend to depress or debilitate the system without producing open disease have the same effect.

Diagnosis. It is a matter of impossibility to distinguish the disease erysipelas from other forms of fever for the first day or two, when the cutaneous inflammation makes its appearance, we recognize the disease immediately. This being nothing more than the cutaneous eruption. Characterized by particular symptoms.
The disease erysipelas has been often mistaken for or confounded with the disease erysipelio, erysipelas may be distinguished from it by the greater swelling and hardness of the surface. The well marked boundary of the disease surface.

Prognosis. The prognosis of this disease may be determined in some cases without any difficulty. When the disease attacks persons who have good constitutions it must generally terminate favorably, when the disease
attacks the face the
great danger arises from
the brain being implicated.
This must frequently happen
when the inflammation
involves the scalp, though
the inflammation may
extend over the scalp
without producing any
derived consequence a
sudden disappearance of
the disease externally with
symptoms indicating
internal inflammation or
inflammation are im-
perceptible symptoms Metastasis
frequently happens in
erysipelas, in the old
and in inoperable
Those constitutions that are nearly worn out or person of such temperament are very apt to die. Children when affected with this disease soon after birth and fatally.

Treatment. Erysipelas must be treated upon principles not as a name, mild cases needing little interference with. They generally get well of themselves. In the treatment of erysipelas there are two objects to be kept continually in view, namely, to relax and stimulate. Relaxation is needed first and principle that every tissue of the body may be softened every outlet.
opened and the freest possible channel thereby make for the exit of any and every deleterious matter that may be formed in the system. Stimulation of a light and diffusible quality, is needed to sustain the arterial flame and aid the life power in the efforts to revivify the system of the noxious materials. Thus being the great indication to support the system and drive out every form of disease. The relaxants and stimulants chosen must be those which are best able and likely to perform such labors. By their tendencies to the whole series
of secretory organs and especially for their influence upon the skin and capillary system.
A proper reflection upon the true nature and origin of an epiphenomenon difficulty will at once lead a practitioner to the conviction that constitutional or general means are to be chiefly relied upon. For a difficulty which depends so very largely upon unwholesome materials floating through the circulation can only be removed by an elimination of these matters from the circulation for which
every secreting organ must
be employed to the best
advantage, and use made
of every channel through
which it is possible to
eliminate and excrete from
the general system. Typical
means are on no account
to be neglected. For the
immediate setting and
preservation of the parts
are points of moment, and
to depend upon local appli-
cances in preference to system-
atic medication is to run the
hazard of prolonging the
attack and favoring the
spread. even if it should
not endanger the patient's life
Resection is avoided by some of the eminent practitioners.

If circumstances require that resection should be employed, it should be used; local bleeding may be of great avail at times. But the wound from the lance is very often to be a new starting point of the disease. Therefore, it shall always be cautious in using the lance. An emetic may be of great avail on the beginning of the disease, clearing the general system, evacuating the symptoms of its morbid materials, causing the liver to its normal

standards, affording a proper
elimination, by the modified action of the liver. When treated, the disease in several of its forms and degrees, an saline carbonate in the commencement of the disease, keep the system under the influence of rubbersonic forty-eight hours or as may be required. Use the great anti-inflammatory medicine nitrate of silver as a local application to the inflamed surface. Use the stile to a slight touch to the surface three or four times a day. This medicine has great power in arresting the progress of
The disease incurred in

of

is another good
topical medicine used
by painting the inflamed
surface several times a day
as circumstances require.
The sulphate of Throm is an
other topical remedy used
by taking six drams of
the Throm to a pint of
water of which the patient
or the inflamed surface
may be washed several
times a day. The sulf. morphone
may be added to the above

olive oil. Cardus celtica
applied to the inflamed
surface will relieve the
inflamed pain of the patient.
By protecting the part from the atmosphere, every practitioner has away of his own in treating the disease under consideration.

C. A. 

Kang