2-1-1854

An Inaugural Essay on Erysipelas, Submitted to the Faculty of Jefferson Medical College, for the Degree of Doctor of Medicine by Jeremiah B. Brandt, of Schuylkill Haven, Schuylkill County, Pennsylvania

Jeremiah B. Brandt

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An Inaugural Essay

on

Encephalas,

Submitted to the Faculty of Jefferson Medical College,

for

The Degree of Doctor of Medicine

by

Jeremiah G. Brandt,

Schuylkill Haven, Schuylkill County, Pennsylvania

Philadelphia, February 14th 1854.
To

Dr. Mitchell, M.D. Professor of the Practice of Medicine, in
the Jefferson Medical College of Philadelphia.

Dear Sir,

I have

taken the privilege of inscribing the following pages to you. You
will find by perusal of the same, that I have benefitted by the
doctrines insculpted by you from time to time. Should you
find that I have at times conceived faulty impressions, or
perchance adopted erroneous theories, please hope with me
that time, that corrector of many errors, will exert its benign
influence upon me. I shall always look back with pleasure
upon these moments when I listened to your instructions.

Hoping that you may long live to impart to others the
sound doctrines taught in your courses in Jef. Med. Coll.

I remain your

Obliged Pupil

The Author

12559
There is an epoch in the student's history, which if attained is too often the finale of his ambition. I allude to his graduation. With diploma in hand he often sinks into lethargy, from which no earthly power can redeem him. And is this the sum of knowledge? Oain, delusive phantom! curse to suffering humanity! may he be contented with his earthly title, and may his guardian angel protect him from blindly injuring his fellow man.

It cannot be denied that a diploma is an object for which we should stimulate all our energies, but if acquired instead of resting from our labors we should renew them with redoubled zeal. What is a diploma but a passport to the ever-sea of unexplored knowledge—a permit entitling us to search for the "Philosopher's Stone"?

But I am called upon by the mandates of the faculty of Jefferson Medical College, to produce a treatise on some medical subject. Before proceeding however, I cannot refrain from noticing that which has so often struck my mind with awe. I allude to the tendency of all organized beings to disorganization. It has been truly said "man carries the seeds of disease with him". Especially is this the case when the functions of the body do not harmoniously affect each other in the performance
of their respective duties. For no sooner does an organ perform its office
improperly, than we find the whole system in an abnormal condition.
It is at this time that the above proverb is most strictly true.
What is death, but that stage of disease, which destroys the affinity
between the material and immaterial? Death is the first process
which all organized tissues must undergo to return to their mother
elements. What then is left of man? That which his maker breathed
into that "house of clay"—the breath of life—the immortal soul!
Death, then it but the closing scene of that which perishes in this
world, and the morn of eternity in the other? Disease was instituted
to the fulfillment of this end.

Causes—The causes of this formidable disease, may be
considered under two great heads, viz., Predisposing and Exciting.
These however would admit of sub-divisions, but in writing this
essay I shall endeavor to bring them all under the above named
capitols. Inexperience, that great stumbling block to medical
students, I trust will be sufficient apology.

Predisposing causes—Many of the predisposing causes of
this disease, I am well aware, will forever rank amongst the"ways
of Providence"—such that medical men may in vain endeavor to fathom. Yet there are causes, which reason and experience have taught us, that must unquestionably give rise to this disease.

The first I allude to, is that peculiar condition of the atmosphere that gives rise to its killer disease—Ouferal Fevers. It is an established fact that when we find Ouferal Fever prevailing epidemically, we will soon be called upon to witness Ergotipelas, if not in an epidemic at least in an endemic form. Does not this fact go to prove that these are local causes, which in conjunction with the malaria (which in my opinion favors the development of Child Bed Fever) already existing will generate Ergotipelas inflammation? May not said malaria, combine with a sub-malaria, as it were, and they form that delirious condition of the atmosphere favorable to the creation of Ergotipelas?

I am well aware that I am advocating a theory which in all probability would find few admirers were it made public. Yet is it not possible that there may be a chemical affinity between malarious atoms, as well as between an alkaline and an acid?
[Handwritten text that is not legible due to the quality of the image]
Acids and baonites, too, are mentioned as causes of the malady in question; yet, what are they more than chemical or mechanical bodies which destroy the skin, not by specific poisons, but by a solution of continuity by reason of the affinity these substances have for organized bodies or tissues. In view of this, above-mentioned facts, I shall restrict myself to dysipelas of the head and face. This is true dry dysipelas.

Symptoms. — The symptoms may be divided into constitutional and local.

Constitutional Symptoms. — Chills, with corresponding reaction; early loss of appetite, as well as great thirst, are amongst the most conspicuous symptoms. Headache, vomiting of a substance partaking of an acid and bilious nature. Headache, too, is one of the most prominent features of the disease, which is owing probably to a superabundance of acid in the stomach. This last symptom is the cause of much complaint in a majority of cases, which frequently lasts through convalescence. There is a characteristic pain in the back and loins, closely resembling that troublesome symptom
in varices. The tongue is mostly furrowed, the pulse frequent, hard and full, and sometimes intermitting. The large quantity of bile, naturally causes some considerable purging. Epistaxis too, frequently takes place; especially when there is a tendency to congestion of the Brain. Snesspe, or weak spells to use the phrase of some nurses, is often a source of much annoyance to the Physicians as well as to the friends; but especially to the former.

Local Symptoms. One of the most troublesome local symptoms we have to contend with, from the commencement to the close, is sore throat. The patient complains of much pain in deglutition on taking liquids or solids; but mostly from the latter. This inconvenience, though a primary matter to the patient, is not so much to be apprehended as the real danger to which our patient is really exposed at this time. The mucous membrane, with its sub-mucous cellular tissue, is but a continuance of the external skin, and is highly susceptible to the development of syphilitic inflammation. The danger to which the patient is exposed, consists, in the tendency
Of extensive effusion and sloughing. The former frequently causes death within a few hours, and that too, when the highest hopes are entertained by both patient and friends of a speedy restoration to health. Death, under those circumstances takes place by Asphyxia — by effusion, in the cellular tissue, and thus closing the air passages, or by the effused matter bursting into the bronchial tubes, and thus operating as foreign matter.

A burning or prickly sensation at the nose or some other portion of the face or head, will attract the attention of the physician to those parts, when it will be observed that the parts are red and tumified, with vesicles containing a yellow serous fluid, resembling somewhat a common scald.

The inflammation, if it commences on one of the ears, soon spreads forwards to the cheeks, nose and lower palpebrae, remaining stationary as it were for some time, but soon it spreads upwards to the scalp, when a new train of phenomena will make their appearance. It is now that the disease assumes a threatening aspect. The fever increases, delirium sets in, thirst is unequal, and...
...
as appetite whatever, secretions vitiated, and all the functions impaired, and coma supervening.

Post Mortem Appearances. — As death takes place by asphyxia or coma (which nearly amount to the same thing) I shall endeavor to notice first the appearance of the Brain and its surfaces; secondly, the Lungs and air-passage.

When this disease terminates fatally by coma, we for the most part find extensive effusion in the cavity of the cranium; especially is this the case when the inflammation has left the scalp suddenly, and symptoms of coma have followed soon after. In this case we for the most part find large quantities of serum between the skull and dura mater.

When death takes place soon after the inflammation has left the scalp, we may expect to find large accumulations of serous fluid in comparison to the inflamed membranes; but on the contrary, should death take place some days after the inflammation had left the external surface, though more extensive organic lesions. Under the latter circumstances we may find more or less softening of the
I wrote the book entitled 'Imagination' and

I think it was a great success. I have

been working on it for some time and I am

now ready to publish it. I hope it will be

readable and enjoyable. I have worked on it

day and night and I am tired.

The book is about the power of

imagination and how it can be

used to create new worlds and

understand the universe. I believe

that imagination is the key to

progress and innovation.

I have also included some of my

own experiences and stories in

the book to give it a personal

touch. I hope that readers will

enjoy these and find them

inspiring.

In conclusion, I believe that

imagination is a powerful tool that

can be used to achieve great

things. I hope that 'Imagination'

will inspire others to think

outside the box and create

new possibilities.

I am excited to share this

work with the world and

hope that it will be well

received.
Encephalos, with effusion into the ventricles.

It will hardly be necessary to allude to the condition of the
heart, when death was brought on by suffocation, as that
organ will present all the appearances of Asphyxia, no
matter what the cause may have been.

The lungs, &c., will be found in the same state.

Diagnosis. — Any physician that is at all conversant
with the diseases of the skin, will find very little
difficulty in diagnosticating between Erysipelas and the
other cutaneous affections. It is true the inexperienced might
run some risk in confounding Sebalaria Anginosa with
it, yet, if he has any discrimination whatever, he can not
fail to come to a correct conclusion after making any thing
like an examination. The inflammation in Erysipelas is
mostly confined to one side of the face, neck or throat,
(especially at first) while Sebalaria is equally diffused on
both sides. The appearance of the surface, too, is different;
the vesicles being entirely correct in the latter. The sore-
throat, which is of an ulcerative nature, particularly on
the tonsils, too, is wanting in Erysipelas. The Conitis on
Erysipelas do not present that ragged appearance so characteristic of anginose variety of scarlatina. The redness and tumefaction of Erysipelas, if not confined to those organs alone, but is equally diffused over the mucous membrane of the mouth, palate and pharynx.

Lupus Erythematos is another disease that bears some analogy to the disease in question; like Erysipelas it commences on or near the alar prati. The swelling and redness, however, have not that tendency to spread so rapidly as is the case in Erysipelas. Lupus Erythematos also secretes a serous or rather an ichorous fluid; but the characteristic vesicle will be found wanting. There is also a strong tendency to ulceration, in Lupus Erythematos, while sloughing and exfoliation are the results in Erysipelas.

Erythima Sugar, sometimes makes its appearance on the head and face; it generally prevails during severe bowel complaint; also in young females from indigestion. There is not that smarting sensation of the surface, nor is the color so deep or lasting. The color of the part affected by Erysipelas is much more intense, than any of the rest of the numerous diseases of the skin. The swelling comes on
The third day of the fever, the vesicles on the fourth or fifth, which burst and disappear, about the fifth. The inflamed surface changes about this time into a yellowish hue, after which the old skin begins to peel off, exposing the new skin below.

There are other diseases that resemble erysipelas in some particulars, but are so entirely different in other respects, as hardly deserving of notice.

There are also chemical and mechanical agents that are capable of causing inflammation, but let this suffice.

**Prognosis.** This disease, though for the most part favorable in sporadic cases, it nevertheless more or less unfavorable when the disease takes upon itself an epidemic form. Even the endemic variety often assumes a type, which renders it necessary for the physicians to be guarded in his prognosis.

Should our patient be old and enfeebled by intemperance or any other cause calculated to impair the system, we can not but look upon his case with a suspicious, bordering on fever, or if coma, comes on suddenly after the external
inflammation has disappeared. This argues that the disease has
settled upon one of the most delicate organs of the system— the
Brain—the main spring of the economy. Here then, is impending
danger which can not easily be mistaken, and unless we are
successful in arresting the patient forthwith, we shall soon find
"death victorious."

Another source of apprehension is sudden Aysparrae; here we find
the destroyer at work at another of the "angles of Death."
It is now that the Lungs—the great depurative organ, has lost
its action, by having its delicate structure deranged; or perhaps
the Heart—the fountain of Life. Here too, the prognosis is certain
ly most unfavorable.

But on the other hand, when the patient is young, of good
constitution, temperate, and not broken down by vice, we
may confidently expect a happy termination of the malady
provided the disease does not prevail in a particular virulent
form. A moist skin, an increase of the secretions, a falling of
the pulse and temperature, and a return of appetite are
amongst the most favorable signs.

Terminations.—Like cutaneous diseases in general,
Orysipelas terminates by resolution, or what is still more frequent, by desquamation. This is particularly the case when the disease is superficial, not involving the sub-cutaneous cellular tissue. If, however, the latter tissue is implicated, thoroughing of the part to a more or less extent will take place, casting off the dead part and leaving a superficial ulcerative condition of the surface, which generally heals without leaving any extensive cicatrices. But unfortunately this normal tendency is not unfrequently wanting, and metastasis to some vital organ will indicate that the termination will not be so promising; especially when the brain, lungs or heart become the seat of the inflammation. Whenever any of the internal organs become implicated, we have all the sequelae resulting from inflammation of those organs to apprehend; such as effusions, disorganization &c.

Treatment. — The old maxim that "Physician dis- agrees" seems not to be totally without foundation; at least so far as opinion goes relative to the treatment of Orysipelas. While one party contends for the antiphlogistic principles of treatment, another contends for the reverse measures; while a third party (and I may as well say here that I coincide
with the latter I take a stand between the two first mentioned. While I contend that antipholistic or the antiphlogistic course is highly detrimental to a majority of cases, I cannot but acknowledge that cases are sometimes met with, where nothing but antiphlogistic remedies or agents (and these carried to a full extent) will answer our purpose. There are, too, on the other hand, cases where antiphlogistic measures would by no means be safe, owing to the prostrated condition of the whole system from the commencement of the attack. These latter cases too, are by no means as seldom met with as some practitioners would have us believe. I have frequendy seen cases of dyspepsia in my preceptors practice during last summer, most of which might with propriety have been classified among this form. Should we, however, meet with a case answering to the description of the first variety; viz., a strong, full pulse; early and violent delirium; headache;  energetie muscular power, and the corresponding symptoms of intense inflammatory action, we may safely venture upon an anti-
phlogistic course. But even then we should exercise the utmost caution, how we employ the means, as there is
[Handwritten text not legible]
perhaps not another inflammatory disease where the pulse sinks so very rapidly after the use of the lancet. Should we conclude to bleed, let it be with the finger upon the pulse, and as soon as that becomes soft and regular let the bandage be applied, no matter what quantity of blood we may have extracted.\n
Pentar & emetic, is another remedy from which much benefit may be expected. It should be given in nauseating doses at intervals of two hours, and the dose increased as the system or stomach &c. meant to say, becomes reconciled to its presence. This remedy has a very salutary effect upon all inflammations, by reducing the motion of the blood, but in order to derive good results from it, it should be persisted in for some considerable length of time.


It is in this disease that balsam, that great anti-fibrin remedy may be given with the most salutary results. It should be given in large doses at long intervals, and between the long intervals, small doses should be given every two or three hours. It may be given in conjunction with the Pentar & emetic.
Many diseases require a peculiar condition of the system for their development. There is a law of nature, viz. that particular plants require a congenial soil: thus the Lomptonia atplea-folia (sweet fern) requires a thin, sandy and barren woods; the lipecta birbia (water hemlock) low, stagnant swamps; the Geilac Maratima (sea onion) the sea coast; the Atropa Bella-donna (deadly nightshade) decayed rubbish; the Sanguinaria banadensis (blood root) rich, shady soil; the Sussilago Fan-fara (colts foot) the banks of streams; and so on ad-infinitem. Nor does this law apply to the vegetable kingdom alone; the system is at all times in a condition favorable to the one or other of the various diseases, and it requires but the fecundating influence of local causes, to fully establish them.

Many a victim of epidemic erysipelas would no doubt have escaped, had it not been that his system was just at that time in a condition, suited to the disease in question. That condition I can not better describe than by comparing it with that irritability of the whole body so often met with in gastric derangements—a condition bordering on fever. Many persons dread the least scratch, they being aware that they are, in their own phrase, "subject to erysipelas."
Those persons are liable to take cold from the slightest exposure and their digestive functions are improperly performed. Again, there is a vitiated condition of the blood, met with at the time when carbuncles prevail epidemically; it is at this time that gastric derangements are so prevalent.

Exciting causes. Some writers mention the Pher-
Sarcodendron among the causes of erysipelas. Inflammation. It is true that this plant or shrub (which latter would in my opinion be more proper) often gives rise to a species of inflammation, closely resembling erysipelas; yet, upon investigation we find that it hardly deserves that appellation. There is not that tendency to sloughing, which we so frequently meet with, especially, when the sub-cutaneous cellular tissue is involved; nor do we meet with the constitutional symptoms of true erysipelas; consequently the indication of treatment would necessarily be different.

Beeqh bites and other wounds, have been recognized as true exciting causes; but even these would have a tendency to heal by resolution, were it not for that constitutional debility mentioned under the head of predisposing causes.
bold applications to the head, warmth and counter irritation to the feet are called for when there is a strong tendency to the head, care being taken not to permit reaction to take place when these agents are discontinued. Great caution should be exercised in this particular.

Local bleeding will under these circumstances act very beneficially.

Glisters have been recommended by some practitioners to be placed on the nape of the neck, but whether they are of any utility I am not prepared to say, having had no opportunity to witness their effects, but judging from analogy, I would be constrained to say that very little good can be expected from them.

The diet should be in keeping with the above treatment. Boiled rice, some weak broth and milk should constitute the patient's diet. Black tea, lemonade and fruit water, his drinks.

The local applications I shall notice after having given the general treatment of the other forms of the disease.

A modified treatment, however, will be found advisable in a majority of cases; especially, when the disease prevails epidemically. No one who has had opportunities
If I was not aware of this, I might have been misled by the setting of the words and the style of writing. I believe that the style of writing is indicative of the time period and the author's background. The setting of the words seems to be a combination of English and another language, possibly Latin or Greek. The author seems to be knowledgeable about the subject matter, which suggests that he or she may have been educated in a classical tradition. Overall, the document appears to be a historical record of some sort, possibly related to a legal or religious context.
To witness this disease in the epidemic form can have failed
to notice the rapid tendency to Typhoid; consequently, the
impracticability of treating it purely antiphlogistically. It is
time that antiphlogistics exercise the most salutary effects
upon the inflamed surface; but it should at the same
time be borne in mind, that Epixipelas, and a natuital
condition of the whole system are for the most part found
associated; hence, the impropriety of trusting to them alone.
I contend that venesection is highly prejudicial in a ma-
jority of cases (reserving the right to resort to it when vital
organs suddenly become implicated) and should be
extremely bold in opening a vein, when even the most
unquestionable signs of extensive internal inflammation exist.
Should I however deem it justifiable to employ venese-
ction, I would at the same time order beef tew, mutton broth
or some other generous diet. For do I believe that a little
wine whey would exercise any deleterious effects upon
the disease.

Quinina, combined with ½ grain or even ¼ grain doses of
Tartar Emetic, will produce the most happy effects.
Muriatic Acid: say twenty five drops given in a glass of
water three times a day, too, is an excellent medicine. Neutral mixtures, may be given at intervals when the patient complains of oppressive heat.

The bowels should be cleansed daily by Castor oil, which will often bring away large quantities of offensive matter of an acrid-bilious nature.

Ginther tonics, are of much use in giving tone to the stomach. Digitalis, may be of some use; yet much benefit cannot be expected from any of them, excepting Digitalis. This last named remedy is one of the most valuable medicines of the whole list of the materia medica. It makes a powerful impression upon the heart's action, thus influencing the fountains, from whence the material of the inflammation is derived; while at the same time it operates powerfully as a diuretic. It is necessary, however, to watch it on account of its accumulative properties.

Whenever there is restlessness, without cerebral congestion or coma, we may give Opium in large doses, Colchicums, in the vinous form may be given. It operates upon the intestinal tubes and kidneys.

That form requiring the nutritive and tonic treatment.
...
exclusively occurs in old and enfeebled constitutions—systems broken down by intemperance and dissipation, or by some other exhausting influences.

Local Treatment. — The best local application with which I am acquainted, is the solution of Sulphate of Iron, in proportion of 1/2 ounce to one pint of water. This lotion should be applied constantly by means of rags doubled up four or five times, and renewed as often as they become dry and warm. I know of cases that have been cured in 48 hours by this application. My preceptor is in the habit of using the above named solution frequently, and he assures me with the happiest results.

Starch, flour and other farinaceous applications are very grateful to the patient, as they unite with the serum secretions of the surface and thus form an artificial coat to the part.

A line formed around the head with a stick of Nitrate of Silver is said to prevent the spreading upwards of the inflammations. Soups of bread and milk, when the part are sloughed, are recommended by most practitioners; but warm or tepid
applications will generally answer a better purpose. Incisions, when sub-cutaneous suppuration exists, should be made in order to evacuate the pus. They should be made in more than one place.

Precaution. Nothing is more common than to meet with two, three and even more successive attacks of erysipelas in the same individual; hence, the necessity of guarding against gastric and intestinal irritation. Stimulant local and general, excitement, both physical and moral. The diet should be light, yet nutritive. Exercise, without overexertion. The bowels should be kept regular, and above all the patient should avoid the sun to.

Conclusion. And now that my task is ended, how shall I address myself to you to whom I have dedicated this essay? Shall I tell you that my task is but improperly performed—that I have trespassed upon your time and generosity? Or shall I enumerate the disadvantages under which the student of medicine labors when he attempts to comply with the mandates of the faculty of a medical college?
I have indeed made the attempt, nor am I ignorant of the numerous imperfections with which the pages abound. Hoping that you may overlook them,

I remain your obedient servant,

The Author