

AN
INAUGURAL DISSERTATION
ON

Differential Diagnosis Of The Greater Erythematæ

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Differential. Diagnosis. Of. The. Greater Exanthemata.

Notwithstanding
all the Idiopathic Exanthematous fevers
are dependent upon a Specific Cause
or Contagion and characterized
by a peculiar eruption which
might by the casual observer, or
even the most scientific investigator
be considered in their incipien-
cy identical nevertheless they
present important diagnostic differ-
ences by which we are enabled to
determine to which one of this
class of diseases any given case
belongs. There are symptoms developed
in the progress of each one which
are common to all. Fever, with
all that fever means, hot skin
headache pain in the back and limbs

with gastric disturbance, and thirst these symptoms being present to a greater or less extent in each of the eruptive diseases the physician has to look to other sources for diagnostic differences. Smallpox Measles and Scarlatina, the three diseases that constitute the class generally termed the greater exanthemata although they differ in other respects, the most marked characteristics are presented in the eruption. It is my purpose only to mention some of the characteristics by which we are assisted in diagnosis, in obscure cases where the history of the case affords us no assistance.

If we were called to a case in the primary febrile stage before-

The eruption has appeared, it is often very important especially in private practice, that we should be able to determine whether it is Smallpox Measles or Scarlatina. If I were called to see a patient who had been attacked soon after returning from a visit to a City, or whose history taken in connection with any peculiarity in the symptoms would in any way cause me to suspect that he was affected by contagion, to diagnosticate the case correctly, I would recur to the known distinctive characteristics of each of the greater-*exanthemata*. I could infer with some precision to which one of this class the case belonged by-

the Symptoms that always precede the eruption. If to the ordinary Symptoms that precede febrile diseases were added excruciating pains in the head back, and limbs with obstinate vomiting and delirium I would suspect Variola. But if coincident with the fever there were Catarrhal Symptoms with suffused eyes and hard dry hacking Cough I would expect the diagnosis of Rubella to be confirmed by the appearance of the peculiar eruption characteristic of that disease. If again the fever were accompanied by acute inflammatory affection of the throat I would suspect Scarlatina. None of the Symptoms enumerated

are pathognomonic of either of the diseases under consideration, but their occurrence is so frequent that they always excite suspicion when present.

Following our supposed case further in its progress, if within the first twenty four hours after the commencement of the febrile symptoms the angina being present there appear about ~~the~~ face neck and breast a succession of bright red spots that continue to spread and enlarge until the entire skin is involved in a scarlet efflorescence, described by authors as resembling in color a boiled lobster, I would, not hesitate to pronounce it scarlatina, but if the angina were absent—

and the eruption did not appear until about forty eight hours after the accession of the febrile phenomena, small red dots then appearing, which in the further progress of the disease if converted into elevated pimples would strengthen suspicions before entertained, if at a still later period the pimples were converted into vesicles which upon being pricked would not completely collapse I would consider it a well marked case of variola. But again if the fever progressed without the cutaneous eruption until about seventy two hours had elapsed the catarrhal symptoms being present and then small red spots were found about the

face and neck afterwards Spreading
over the whole body, being slightly
elevated. Causing the skin to
feel rough and uneven and found
upon close inspection to be
arranged crescentically, I would
pronounce it Rubella.

The premonitory Symptoms of
these three diseases differ in the
following particulars, the febrile
Symptoms Common to all are
accompanied in Scarlatina by
the acute anginose affection, the
initiaatory fever of Smallpox
presents no peculiarity, except
its remarkable intensity; while
that of measles is Complicated
by the Catarrhal Symptoms
The eruption differs both in
regard to the time of its —

occurrence dating from the commencement of the ~~breeding~~ fever and also in appearance.

The Scarlatinal efflorescence appears one day earlier than that of Smallpox and two days earlier than that of Measles.

While in Smallpox the eruption is a day later than that of Scarlatina, and one day earlier than in Measles, and in Measles it occurs two days later than it does in Scarlatina and one day later than in Variola. The appearance of the rash in Scarlatina is that of large patches of regularly diffused redness, in Variola it is vesicular, and in Rubella it consists of small elevated pimples.

Crescentically arranged a Consideration of all the Symptoms enumerated constitutes the Differential diagnosis of the greater Exanthemata