AN INAUGURAL DISSERTATION
ON
Scarlatina

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For the last few years Scarletina has claimed the
careful attention, and most profound study of many
practitioners of Medicine in this country. Indeed,
the time has not arrived when we can declaim his
energies and perseverance in endeavoring to fathom
the mysteries of a disease—whence, for so long has
baffled his humors and judicious exertions in
the application of the resources of his "divine art."
But, we hope by the combined efforts of the
Medical profession—this disease—whence he has
wasted the brightest hopes and sweetest joys of
many, will soon be robbed of its greatest terrors,
and be made to yield to the skill of Medical
Science.

When Scarletina first claimed the attention
of the Medical world, there was a great dis-
certainty of opinion in regard to it; for it
was often confounded with other diseases
like, Measles, Scarlet Fever, and for a long
Time those diseases were regarded by many as the same thing, and if not precisely the same thing, they were considered by medical writers as being closely allied. To Dr. Withering, we are indebted for having first pointed out the marked characteristics of these diseases, and for assigning Scrofula to the present seat in the catalogue of eruptive fevers.

In the description of this disease, we will first notice it generally, and afterwards refer to the varieties into which most writers have been prone to divide it. Symptoms, Connor's. Scrofula comes on with, or without any menziness, as pustules in the back and limbs. When the above symptoms are marked, fever sets in with a frequent pulse, flushed face, gums, tongue, great muscular weakness.
Connected with the fever, beginning with, and
some times before it, there is great irri-
tation or inflammation of the face,
which exhibits a red and often swollen
appearance. The same color is extended
over the mouth, and the tongue is coated
with a white film, exhibits nodules upon
the surface, and is broken by a ragged and
fuzzy appearance at the tip and edges.
The time the rash breaks out after the fever is
very different. Sometimes on the second day
and then again, sooner or later. It is then
first upon the small face, breast, trunk,
and last of all upon the extremities. The time
of distribution is about twenty-four hours.
In the beginning it comes out in many small
and points, which in a short time inter-
merge, and form a scaly, bluish over
the greater portions of the body. But, now
in the eruption. There is a great diversity
in some cases it is very scanty; while in
others it is extended in a greater or less degree
over the whole surface of the body. Sometimes
in passing the hands over the body there is
a sensation of roughness communicated
by the touch, but, the rash is in no degree
irritably elevated. The patient is sometimes
annoyed, and troubled in the legs, by the
burning, itching, or some other irritation
with which the cutaneous affection is attended.
There is no intermission in the violence
of the fever or the appearance of the rash,
but it continues throughout the disease
in a greater or less degree. The pulse is
generally frequent, the skin hot and dry.
In some cases there is constipation
of the bowels while in others diarrhoea
is not uncommon in the advanced stages.
Again, there is sometimes irritability of the stomach at the we do not find this to be a symptom in many cases.

The disease attains its acme usually from the fifth to the ninth day and then the symptoms above named begin to decline. The wrath subsides, the skin becomes cooler and more pleasant to the touch. In a word, all the symptoms begin to abate. The amendment is often accompanied with profuse perspiration, or a diarrhea, which we may not regard as dangerous.

Desquamation takes place with the decline of the eruption. Sometimes coming away in small particles, and then again where the skin is very thick it often comes off in very large flakes. The time for full desquamation is about two
works. At this time the patient may be regarded as well, though not free from many troublesome discases.

The Mary Stage from the very beginning until the close of the disease the patient is not free from danger. Death, sometimes takes place from the very beginning from the great shock upon the System. The bowels and stomach often become diseased, and in this way the little patient is carried off. Or at a later period from the local affection— which often continues for a long time after the disease is gone, and so up to the patient that even at this late stage, he is not free from death at any time.

Having noticed the disease in its general form—it is safe—
we turn our attention to the three forms of the disease, into which they have been divided by Escultains Simples, Escultains Anginosus, and Escultains Malignus—all of which we regard as the same disease, presented in different aspects, and with marked differences in degree of violence. Pursuing this order, Third P. Simply claims our attention first; this we regard as the most simple and mildest form of Scortatina—showing itself only on the cutaneous surface, and without any constitutional disturbance. In this form there is no weak affection, by means of which it may be distinguished with certainty. There may be some inflammation at the points (an exemption from which is any one) yet not enough to exclude it from the title of S. Simply. This variety of Scortatina comes on with or without chilliness, pains in the back and limbs—burning sometimes
Attends frequent, hard, jules, hot, dry skin. On the
Second day the eruption shows itself on the face,
head and limbs, and thus often the whole body
is gone over. In this simple variety of scarlet
fever there is but little risk of life—the patient
often, not being confined to bed. But, in other
cases it may be more serious—occurring in
some parts in inflammation, or ending in
a dangerous sequel.

S. Anginosus: has the same train of symptoms
as the above form, in connection with quite
constitutional disturbances. The throat in this
form is very much swollen, with great in-
flammation in the post—sometimes there is an
ulceration of the surface of the tonsils and uvula.
The respiratory organs are but little affected, except
of a very offensive smell and terrifying cough
found upon the chest and lips. The gums become
swollen and spongy; some of the glands
become hard and somewhat enlarged by the glands. Submaxillary and cervical glands impeding circulation and giving rise to many troublesome ailments.

For come now to notice Morignum Scrotum—hemorrhage applied to certain cases of 8emme de force, and in this form the operation is at once attached by the uncontrollable deity in which the disease presents itself. It makes the caustic in such a diverse stage of ways that it would be almost impossible to give it in all its different aspects. Sometimes the patient is fried in at the very beginning by the disease making its first attack on the brain, and in this way the little patient is often carried off in twenty-four or thirty-two hours with one convulsion being true, and the disease in both cases can better be inferred than

Moreover, the form in this form is often of
a low or typhus type. The eruption is more
flaunting, and when it does appear it
often strikes in way down. The pulse is gen-

erally slender, feeble, frequent and irregular.
The surface in some parts may be cold or
cold in some places and hot in another.
The respiration slow and irregular, and there
is also great muscular weakness. The attempts
at a reaction are very difficult—futile but
may at one time offer, and then in a

mny short time disappear again. Some of the
may be seen as if the eruption was coming
out, but also, the effort is made in vain.
The system soon gives away, and the jaundice
dies in a few days. Again, reaction may
take place—the fever may become of a
low type—delirium may set in—a death
and eruption be seen, and in this dying
hour if remedies be not used successfully
The patient must die in a few days. On the other hand, there may be more energy of spleen, or the causes operating against it may be less. The signs which we may suspect the malignant form of typhus fever, are pains in the loins and extremities, delirium, or stupor and a weak pulse. Not less frequent is the eruption, which is slow in coming out. There is a chief witness in the floccus. After some progress of the disease, the symptoms become more of a typhus character. The floccus becoming fulde. The eruption disappears, or changes its colour. The exudation in the floccus is of a dark hue. Deep ulcerations often form, with a distinctation of soft parts. In this way one troublesome disease often one than may come, until the patient becomes exhausted, and is at last relieved by the fearful Mortal Death, at the close of the second route. It is true
Some patients are conducted through all the above ailments, and then with a shelled system they have to contend with abscesses, etc. Scrofula without Eruption.

At times when scrofula is in any favor, that is to say, in cases of fever with sore throat, and even in the feverish symptoms of scrofula (except the eruption) as in its mild or insidious forms, and although there is no eruption, yet in some cases, we notice taking in digestion to take place at regular periods.

sequels: Tetter disease if any have a long train of evils of damaged organs and tissue to follow after them, than that of scrofula. And in a great many cases every organ and tissue is involved in the disease. The eye becomes sore - so much, indeed, that the individual cannot endure the light. Abscesses found about the periosteum and submucilagin.
glands. The patient—often, often having been in
and Decontrolled Fever, dies from the exhaustion
coming on from these causes. The liver
often becomes involved by at 3 a.m., and
often discharging fluid for weeks. The organ
may at last be destroyed, and its any
tissue fall from their places. The more two,
those long by with its neighbors, by the effects
of obscur. Diarrhoea often sets in, but we
are happy to say it—May almost—always
be governed by proper treatment. But, for
hopes as frequent, and as the same time the
most serious of all the Sequelae, is that of Droopy.
Droopy may come on during convulsions
and the patient is not free from danger for
some time after. It sometimes comes in
in mild as well as in serious cases, and in
all its different forms. The look upon this
as a dangerous Sequelae of the it is for the
Most first ground by proper instruments.

Causes.—Of the causes which produce scarlatina we can say but very little, being so obscure. In many cases the disease is propagated by contagion, and spreads in the form of an epidemic. No age will exempt an individual from scarlatina, but children are most liable to it than adults.

Diagnosis.—The marked characteristic by which scarlatina may be distinguished is a frequency of pulse, connected with a redness in the face. It may sometimes be, and often is, confounded with measles, yet there are some marked differences in the two diseases. In scarlatina there is no cutaneous symptoms. The rash comes out on the second instead of the fourth day. The note is of a brighter red color and does not come out in clusters, as does the tuberculous eruption.
Prognosis. There is perhaps no complaint in which a prognosis can be more uncertain. The milder cases sometimes in the end prove fatal, and the other hand, cases which in the beginning seem to be the most dangerous often end favorably. Even often convalescence has set in the patient—often die from secondary affection, of which we have said something. Many other statements might be given to show the great difficulty of a proper diagnosis, but it is enough to say we should always be always guarded as to our Prognosis in Scrofula.

Treatment. In mild cases of Scrofula, there is often, but very little treatment required. The bowels should be kept open, and the patient most comfortable by cooling drinks in a proper ventilated apartment, which should be of a regulated temperature. A gentle enemiac at the very beginning is said to effect
its future course. The end is the best we can use. It will be proper in children to follow this by a purgative dose of castor oil, after which the bowels should be kept open by cathartics, which should be changed during different circumstances. By ingesta specific medicine when there is nausea—acidity of the stomach raised by all of which forms should receive their proper cathartics. In diarrhoea it will be proper to give castor oil combined with laudanum, from which we derive great advantage. Some advocate the propriety of bleeding in Dehydration, but Dr. Woods informs us that this should be done with great caution, and only in such cases in which one of the vital organs is involved in inflammation. Local deflection then by laques or cups is much to be preferred. In cases where there is a hot dry skin, without any chilliness the
The application of cold water is of great benefit in diminishing the frequency of the pulse, and giving the patient comfort.

After the fever is developed, the patient should have cold water to drink. Small doses of the following mixture should be given throughout the day:

If the patient has fever, with a tendency to delirium or coma, mild diaphoretics may be given. In case of delirium we should give tonics or stimulants. If the mixture be faulty, efforts must be made to bring it to the surface by the hot bath.

Local Remedies. In affections of the throat, we must apply the various washes, e.g., an infusion of slop, soap, or salt. Solutions of chloro-boric acid. The red pepper diffused in water is an excellent application when there are gangrenous patches on the face. The da-

= gue of the disease must receive due attention.
Where there is suffusion andulent polities should be applied, and the part supported by tonics and proper food.

There are many other ailments, such as droisy, which may come up in the course of the disease, and which must receive that treatment to which they require.