AN
INAUGURAL DISSERTATION
ON
Scarlatina

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Scarlataea is a contagious febrile affection, propagated by a specific contagious microbe, self-limited in its course, occurs epidemically, and occasionally sporadically. It is treated of by modern authors under three distinct heads or varieties, namely, Scarlataea Simplex, or the simple variety, and Scarlataea Anginosa, or the anginose, or laryngotraqueal variety, and the third and last is designated by the epithet Maligenda, named Scarlataea Maligenda, or the malignant, or putrid form of the disease. This last variety is of so formidable a character, so rapid and of fatal a course, as to render remedial agency but worthless and unavailing, as fully James Stansfield on its very birth, and in its well-depicted manner, the
import of its fearful character. It has
been truly said of Scabulous that it
dranges in degree from the mildest
most trivial of affections, to the
worst and most fatal of maladies.
The same specific contagious miasma
is capable in itself of producing
each and every form of the disease.
The simple variety may produce
the malignant; the malignant, the
simple; either of them may produce
the accidental, or the accidental either
of the other two varieties. Scabulous
like measles, smallpox, the
contagious in general, occurs but
once during life, as a general rule.
But instances are on record in
which a second or even a third
attack of the disease has occurred.
in the same individual. These statements we are bound to recognize, because they are founded on good authority. (Although they are not exceptions to a general rule.) This disorder is not confined to any age or sex, but persons of every age, sex, or climate, are more or less liable to the influence of its most fatal contagion. It is stated on the authority of Ciba, that nurslings and aged persons are particularly those of the intermediate age, while Watson affirms that it is eminently a disease of children and Bell and Stiles confirm this statement. By saying that young age gives a greater susceptibility, the system, while old age gives it. There is a small discrepancy...
between these as to who is right & who is wrong I am not competent to judge, having never observed having never afforded me an idea. Old age renders the susceptibility of the heart, brain, & joints, also State that males are liable than females. This disease was not recognized as a separate & distinct disorder until about the middle of the 18th Century, at which time Prosper Mantegazza an Italian physician who gave an account of it as it appeared at Rome, in the year 1661 or 1662, one among the earliest writers the world and the Italian, but without doubt it existed as separate & distinct at that time. Before it was
it ever has lived, or ever did at the Resealed. But from the continued likeness to, & difficult-diagnostic form, it was gathered, & compounded with Cerbera, Purpurea, x. Mortow, Woffonan, Sydneilium, & Fothergills, each separate of it under separate distinct-terms. Mortwood called it Nothili Confluentes, Woffonan called it Inversa Rosalia, Sydneilium. Speaks of a Fabrio Karatina, & Dr. Fothergills described the Cypselocha maligna, of Bullere, as it appeared in London in the years 1743 & 1745. 

Weberden called that variety which he described Fabrio Fustra, & the final separation, & annual distinction (between Karatina, Cerbera, & all other ex anthemiae, remained for
or Withering to accomplish, which he demonstrated to perfection in an essay, which he published in the year 1778. A second edition of which came out in the year 1783. The stage of incubation, or the breeding stage, as it is sometimes called, is that period which intervenes between the time of the occupation of the disease in the system, and its development in the patient, of which there is no certain precise length of time, but varies from a few hours to a few days, or even a few weeks, at the close of which time the febrile symptoms begin to make their appearance, if it be the simple variety. They are usually after the following manner. At first, the patient complains of slight Chilliness,
alternating with transient flashes of heat, depression, nausea, vomiting, pains, in the loins, a chill & asthemoia frequent cold & quick pulse. The eruption most generally makes its appearance on the second day of the fever, though sometimes deferred till the third. It begins in irregularly described patches of a bright scarlet red colour, minute dots or points. It begins on the face & extends itself to the neck, trunk & extremities in regular succession, & usually on the following day. From the commencement of the eruption it involves the whole cutaneous surface, sometimes extending itself to the mucus membrane of the mouth, fauces, nostrils, or even to the eye, the tongue is coated with a thick white
fur, through which the enlarged, inflamed, and congested papillae may be seen shining as minute vascular points. The throat affection is so slight as scarcely to attract attention, these being only a slight degree of irritation present which commenced with the eruption. The efflorescence is most vividly and clearly to be seen on the freckles of the joints, coins, cuticles, etc. It is generally most vivid of an evening gradually becoming paler towards morning. In ordinary cases, the fever and eruption are at their acme on the 2nd day, usually begin to decline on the 5th, 6th, 7th, 8th, and are entirely gone by the 10th or 12th. Portions of the desquamated skin begins to fall off on the 5th or 6th, continuing until almost the whole
of the skin of the surface of the body has fallen off. (A whole glove or kappee coming off at once). The papillae of the tongue become aggregated, & the white coat leaves the tongue in a very clean & mortally bad condition. Having extended my attention on the symptoms of the affection now under consideration, as far as my thought would lead me & aid. I will forthwith proceed to a detail of the 3rd or August condition in which it is sometimes said that variegated malady. In the variety now spoken of together with the fever & torporine of the former there exists a high degree of inflammation in the throat, by which it is chiefly characterized. Sometimes it appears previous to the fever, though most
sequently, with the accession of the febrile symptoms. Often times it appears with the efflorescence, & sometimes until the eruption has extended itself throughout the whole course. The febrile symptoms are higher in this than in the simple form, for instance the head ache is more intense, often accompanied with delirium, the temperature & dryness of the skin, etc. On the 1st day of the fever there is a feeling of stiffness & dull pain in the muscles of the neck, under the ear, & about the angles of the jaw. The tonsils, uvula, soft palate, & fauces generally are very red & swollen. Consequently on which husseness, dysphagia, and respiration, &c. of the cuticle. Where the local inflammation is very great
Coagulable lymph or viscid pus moves is collected on the inflamed surfaces, giving rise to the appearance of ulcers and may be mistaken for them. Frequently these are blood effused from the adjacent joints, and when this is mixed with the viscid mucous, or coagulable lymph, it gives off an appearance very much resembling that of a gangrenous inflammation of the breast, and a fetid breath which, frequently, is present but increases the liability to the mistake. The continuity of this membrane may be destroyed by acridated galls, the true character of the inflammation by touch to sight. The oath makes the appearance later in this than in the simple form. Sometimes may be seen on the 23rd day, though most frequently
defers until the 3rd or 4th day later. It comes out in patches on different parts of the body, more particularly about the flexures of the joints, as the elbow, knee, or wrist.

Dr. Clarke informs us that when the attack is severe the eruption is sooner thrown out than when it is mild. It may vanish entirely and then reappear. Partially at uncertain intervals, without any seeming influence otherwise than to prolong the duration of the disease. About the 5th or 6th day of the disease the fever, inflammation, eruption, begin to decline more generally followed by desquamation of the cuticle, as in the simple variety. Though Seashot, or Augrims, most frequently terminates in the foregoing way or manner. Nevertheless, it may pursue a more different course or
terminate with more sad results. Thus sometimes there is a thin watery discharge from the ear, in the form of an acid character, irritating the parts with which it comes in contact, often producing permanent deafness. The inflammation sometimes extends down the mucous membrane lining the alimentary canal or respiratorystalk. The brain oftentimes becomes affected during the encephalitic stage, giving rise to deep and fatal coma. Abdominal inflammation may also induce death, and death may be the consequence. The last variety seems to be considered is the malignant, or scariola maligna. The eruption in this form comes out at an uncertain period from the 2nd to the 14th day of the fever. This
Usually jaundice is not marked its appearance, beginning in instances a deep livid hue in the course of the disease. It is also irregular in its duration, often suddenly disappearing soon after it has come out, reappearing on some parts of the body 2 or 3 days afterwards. The symptoms assume very early a typical type. For the skin & throat affections of the preceding variety there is added a great central disorder of the inflammation of the pulmonary & gastric mucous lining membrane.

In the commencement of this form the symptoms are sometimes very deceptive. The jaundice may be as favourable as would be expected in either of the other varieties, full, soft, & frequent, which in very short time may be small, hard & frequent. A low ameliorating delirium often lasts.
the countenance becomes pale and dejected; the cheeks are of a dusky red colour; the tongue coated with a thick brown fur; though sometimes red. The inflammation in the throat engulfs the gangrene which extends itself rapidly, seeping upon the palate, soft palate, and destroying the same. There is an acrid mucus discharged from the inflamed parts, at first thin and watery, but afterwards becomes thick, and amber-coloured, which decorates the angles of the mouth, lips, nostrils, etc. The sequelae or secondary affections consequent on Scarlet Fever are numerous, and often very dangerous. The most frequent of which are suppurative effusions in the various tissues and organs of the body. Among these Ascites is by far the most common. As it is next,
by thorax next, & Lastly, hydrocephalus & really seems as in the order of their frequency, just so they come in the order of their fatality. Do they have been remarked to succeed as often the mild as the more severe forms of the disease, but has never been known to sur

cases of malignant scarlatina it is almost entirely confined to children, seldom occurring in adults. Do they depend on increased vascular action, whether acute or sub acute in its character. The treatment of course should be antipyretic. Otitis,ephthal mia, glandular enlargements, deafness, abscess of tonsils, bronchitis, suppuration of the cervical glands also likewise sequelae of the disease, but confined to the acute or malignant varieties. Scarlatina is likely to be
Confounded with Embolism &c., in the milder forms of the disease, the diagnosis may be very difficult, for there are but few of any symptoms absolutely characteristic of Scarlet Fever. Moreover, the symptoms by which it may be distinguished from those other affections are as follows. The period at which the appearance may be first observed. In Pustulosis the eruption may be seen usually on the 30th day. In Measles generally on the 7th, sometimes on the 10th. Secondly, by the peculiar appearance which the eruption presents, being as follows. That of Seborrhoea being in minute dots or points, of the same shape & size, diffused in irregular patches of different shapes and sizes. And given to that portion of the skin on which they are situated a bright scarlet
red Colour. In Measles the efflorescence comes out in irregular Semimicular or Crescent-shaped patches, of dots or points of different Shapes & Sizes, elevated above the Surface, so as to give to the Skin a very distinct feeling of roughness. The throat affection of Scarletina is a symptom of great importance in its diagnosis, more especially in the more severe forms of the disease, seldom ever amounting to more than an irritation palpable.

Equally as important is the Catarrhal Symptoms of Measles, seldom appearing Scarletina but always in Measles. In Roseola the efflorescence is of a deep Rose Colour. The Throat affection, Contagious Influence, & peculiar appearance of the tongue in Scarletina, are absent.
At the discus varies from the mildest of affection to the worst of maladies, so also must the prognostic vary as the disease varies. The age of the patient affected has something to do with the prognosis of the disease. It usually runs a more favourable course in children than in adults, unless when they are suffering from a more severe affection. So also the season at which it makes its appearance seems to exert an influence over the course which it runs. Being milder in Spring and Summer, more severe in Autumn and Winter. It often proves fatal in Pregnant and Premature Wombles. When the labouration comes on regularly, at the proper period and time, the permanently a favourable termination may be expected, or on the contrary when
the eruption is variable. The disease may commence favourably at once assume a very dangerous grade of violence, by the superposition of local inflammation, the prognosis in such a case is extremely difficult.

White streaks passing down on each side of the nose is said by Reid to be a fatal symptom. Richter also states that a strong inclination to vomit, occurring on a sudden, with a copious discharge of congealed urine is a symptom of the danger of which is to be much dreaded. As I have already given the symptoms attending the Aquinote & Malignant forms, & as I have given some of the prognostic signs, so that the prognosis of the Simple variety when it
When its course is uncomplicated, is always favourable, I think it will suffice for the prognosis to say that the acute variety is never free from danger; the malignant is to be accounted among the most fatal of all diseases. The treatment of scarlatina must be merely palliative, for since the disease is self-limited in its course as already said, it must be some degree, folly for one to flatter himself for a moment with the idea of altering it by its course, for the character of that be what it may. Although the treatment must be palliative, as such it must differ to suit the different varieties of the disease, as they present themselves. As the simple variety has
been spoken of it in the foregoing part of this thesis. In the same order will I give down the treatment, as I stated in my outset that practical observation had never afforded me an idea, nor this too must I be guided by theory alone. Stanslinae simplicissimi cerulei eversi demando any treatment otherwise than to abstain from any article of food to strong or irritating, to keep from exposure as comfortably as possible. If the skin be too hot and dry, sponging with cold water will sometimes displease the creep of heat and leave the patient in a more cool and comfortable condition than he otherwise would be. The bowels should be kept gently lax with
Saline aperients, the urine as mixed as possible with mild diaphoretics. At the acutest cases give a more copious effort of course our treatment would be more active so energetic, but with a view of arresting it in its wild career but purely to palliate those symptoms which predominate! In the commencement of this form emetics may be used beneficially. Purgatives are likewise recommended by the most of modern authors, namely, emetics, diaphoretics, sponging with cold water, and as it advances tepid water have been recommended. Bowel enemata also recommended. Bourelly cast with an equal quantity of water given in table spoon full doses every 2 or 3 hours. When the
tousils are very much Swollen inflamed
scratching the throat. Sometimes gives
great relief. Dr Samuel Jackson
of Northumberland has insisted on
the use of ice held in the mouth,
the liquid flowing from it to be
swallowed, as a most beneficial
remedy, in gauzy swelled inflammation
of the Pharynx. Mild Chloride of Soda, in
scarlatina, Maligna, Autophlogisties
should be used before the acute stage
should be used. If at all, such as an
emic, Cathartic, &c, if these measures
fail to give relief, blood letting should
be resorted to, when the acute
stage has passed off, it has assumed
the typhlitic type, then a tonic
treatment is necessary.