

AN  
INAUGURAL DISSERTATION

ON  
*Scarlatina*

SUBMITTED TO THE  
PRESIDENT, BOARD OF TRUSTEES AND MEDICAL FACULTY  
OF THE

University of Nashville,

FOR THE DEGREE OF  
DOCTOR OF MEDICINE.

BY  
*A. C. Dunlap*

OF  
*Tennessee.*

1858  
JOHN YORK & CO.,  
BOOKSELLERS AND STATIONERS,  
NASHVILLE, TENN.

For the last few years Scrofula has claimed the careful attention, and most profound study of every practitioner of Medicine in this country. Indeed, the time has not arrived, when he can slack his energies and perseverance in endeavoring to fathom the Mysteries of a disease - which, for so long has baffled his humane 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 which has withered the brightest hopes and sweetest joys of many, will soon be robbed of its great terrors, and be made to yield to the Skill of Medical Sciences.

When Scrofula first claimed the attention of the Medical world, there was a great diversity of opinions in regard to it; for it was often compounded with other diseases - viz, Measles, Roseola &c. &c. - and for a long

Time these 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 Scarlatina its present rank 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 seen proper to divide it. Symptoms, Course &c. Scarlatina comes on with, or without any rigors, rigors - pains in the back and limbs. When the above symptoms are marked, fever sets in - with a frequent pulse - flushed face, furred tongue, great muscular weakness &c. &c.

Connected with the fever, beginning with, and even sometimes before it; there is great irritation or inflammation of the fauces, which exhibit a red and often swollen appearance. The same colour is extended over the mouth; and the tongue at the <sup>base</sup> coated with a white fur, exhibits red papillae upon the surface, and is marked by a very red and fiery appearance at the tip and edges.

The time the rash sets in after the fever is very different. Sometimes on the second day and then again, sooner or later. It is seen first upon the neck, 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 very small red points, which in a short time intermingle, and form a scarlet blush over the greater portion of the body. But, even



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  
perceptibly elevated. The patient - is sometimes  
annoyed, and troubled in sleep, 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 at 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 - altho' 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 heat fades, the skin becomes cooler and more pleasant to the patient. In a word, all the Symptoms begin to abate. The amendment is often accompanied with profuse perspirations, or a diarrhoea, which we may not regard as dangerous.

Desquamation takes place with the decline of the eruption. Sometimes coming away in small portions, 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

weeks. At this time the patient may be regarded as well, though not free from many troublesome diseases.

We may say from the very beginning until the close of the disease the patient is not free from danger. Death sometimes takes place <sup>in</sup> ~~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 affections which often continue for a long time after the disease is gone, and so exhaust 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 proper now that

we turn our attention to the three forms  
of the disease, into which they have been divided  
viz Scorlatina Simplex, Scorlatina Anginosa,  
and Scorlatina Maligna - all of which we  
regard as the same disease - presented in dif-  
ferent aspects, and with marked difference  
in degree of violence. Pursuing this order  
then S. Simplex claims our attention  
first; this we regard as the most simple and mild-  
est form of Scorlatina - showing itself only on  
the cutaneous surface, and without any constitutional  
disturbance. In this form there is no throat-affection;  
by means of which it may be distinguished very  
readily. There may be some inflammation about  
the fauces (an exemption from which is very  
rare) yet not enough to exclude it from the  
title of S. Simplex. This variety of Scorlatina  
comes on with or without chilliness, pains  
in the back and limbs - vomiting sometimes



attends - frequent, hard, pulse, hot dry skin. On the second day the eruption shows itself on the face, chest 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 severe - ~~ending~~<sup>ending</sup> involving some parts in inflammation, or ending in a dangerous Sequela.

5. Anginosa; has the same train of Symptoms as the above found, in connection with great Constitutional disturbance. The throat in this found is very much Swollen, with great inflammation in the part - sometimes there is even ulceration of the surface of the tonsils and uvula. The respiratory organs are but little affected. Ulcers of a very offensive smell and ~~terrifying~~<sup>terrifying</sup> aspect found upon the cheeks and lips. The gums become sore - swollen and Spongy. Some of the glands

become hard and somewhat enlarged by the festering  
Submaxillary and cervical glands—impeding cir-  
-culation and giving rise to many troublesome  
ailments.

We come now to notice Malignant Scarlet Fever  
—a name applied to certain cases of extreme vi-  
-olence, and in this form the system is at once  
attacked by the uncontrollable varieties in  
which the disease presents itself. It makes its  
onset in such a diversity of ways—that  
it would be almost impossible to give it in  
all its different aspects. Sometimes the patient  
is prostrated 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-six hours with-  
-out any eruption being seen, and the disease  
in such cases can better be inferred, than  
known. The fever in this form is often of

a low or typhus type. The eruption is never  
plainly marked, and when it does appear it  
often <sup>65</sup> strikes in, very soon. 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 - febrile heat  
may at one time appear, and then in a  
very short time disappear again. Some effects  
may be seen as if the eruption was coming  
out, but alas! the effort is made in vain.

The system soon gives away, and the patient  
dies in a few days. Again, reaction may  
take place - the fever may become of a  
low type - delirium may set in - a dark-  
red eruption be seen, and in this trying  
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 system, or the causes operating against it may be less. The signs which we may suspect the malignant form of Scarlet fever, are pains in the loins and extremities - delirium or Stupor - a weak - at the not less frequent pulse - The eruption is slow in coming out. There is a deep redness in the fauces. After some progress of the disease the symptoms become more of a Typhoid character. The pulse becoming feeble - The eruption disappears, or changes its colour - The exudation in the fauces is of a dark hue. Deep ulceration often forms, with a destruction of soft parts. In this way one troublesome disease after another may come, until the patient becomes exhausted, and is at last relieved by the fearful Prostrated death. at the close of the first or beginning of the second week. It is true



Some patients are conducted through all the above ailments, and then with a shattered system they have to contend with abscesses &c. &c.  
Scarlatina without Eruption.

At times when scarlatina is very prevalent there are cases of fever with sore-throat, and even all the marked symptoms of scarlet fever (except the eruption) either in its mild or malignant forms - and altho' there is no eruption, yet in some cases, we notice itching and desquamation to take place at regular periods.

Sequelae. Feto-diseases if any have a longer train of evils, of deranged organs and tissues to follow after them, than that of scarlet fever. And in a great many cases every organ and tissue is involved in the disease. The eyes become sore - so much, indeed, that the individual cannot endure the light. Abscesses form about the parotid and submaxillary

glands. The patient - often, after having sur-  
-vived Scorbutic Fever, dies from the exhausting  
coming on from these sources. The ear  
often becomes involved by abscess, and  
after discharging pus for weeks, the organ  
may at last be destroyed, and its  
bones fall from their places. The nose too,  
shows largely, with its neighbors, by the effects  
of abscess. Diarrhoea often sets in, but, we  
are happy to say it may almost always  
be governed by proper treatment. But, per-  
-haps as frequent, and at the same time the  
most serious of all the Sequelae, is that of Dropsy.  
Dropsy may come on during disquamation,  
and the patient is not free from danger for  
some time after. It sometimes comes on  
in mild as well as, in serious cases, and in  
all its different forms. We look upon this  
as a dangerous Sequela - altho' it is for the

most fast governed by proper treatment.

Cause.— Of the causes which generate Scarlatina we can say but very little, being so obscure. We may say 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 more liable to it than adults.

Diagnosis.— The marked characteristics 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 catarrhal symptoms. The rash comes out on the second instead of the fourth day. The rash is of a brighter red colour and does not come out in clusters, as does the tubercles eruption.

Prognosis. — There is perhaps no complaint in which a prognosis can be more uncertain. The mildest cases sometimes in the end prove fatal. On the other hand, cases, which in the beginning seem to be the most dangerous often end favorably. Even after convalescence has set in, the patient often dies from secondary affection, of which we have said something. Many other statements might be given to show the great difficulty of a proper <sup>Prognosis</sup> ~~diagnosis~~, but it is enough to say we should always be ~~always~~ guarded as to our Prognosis in Scarlatina.

Treatment. — In mild cases of Scarlatina, there is often, but very little treatment required. The bowels should be kept open, and the patient made comfortable by cooling drinks — a proper ventilated apartment, which should be of a regulated temperature. A gentle emetic at the very beginning is said to effect



its future course. Ipecacuanha is the best we can use. It will be proper in children, to follow this by a purgative dose of Calomel, after which the bowels should be kept open by cathartics, which should be changed in different circumstances, viz. in great excitement, where there is nausea - acidity of the primæ viæ &c, all of which forms should receive their proper cathartics. In dysentery it will be proper to give Castor oil combined with laudanum, from which we derive great advantage. Some advocate the propriety of bleeding in Dysentery, but, Dr Woods informs us that this should be done with "great caution, and only in such cases in which some of the vital organs is involved in inflammation. Local depletion then by leeches 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 Men-  
-tral mixture should be given through the day.  
If the patient has scanty urine, with a tenden-  
-cy to delirium or coma - mild diuretics may  
be given. In cases of debility we should give  
tonics or Stimulents. If the eruption be scanty  
efforts must be made to bring it to the surface  
by the hot bath &c.

Local Remedies. - In affections of the throat we  
must apply the various washes, viz. infusion of  
flaxseed - Sassafras - elm - weak solutions of  
alum - Nitric &c. The red pepper diffused in  
water is an excellent application where there  
are gangrenous patches on the fauces. The se-  
-quelae of the disease must receive due attention

When there is suppuration emollient fomentations should be applied, and the patient supported by tonics and proper food.

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