

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

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OF

*Kennel*

1857

W. T. BERRY & CO.,  
BOOKSELLERS AND STATIONERS,  
NASHVILLE, TENN.

To

W K Bowling M D

Professor of Institutes  
and Practice of Medicine  
In the Medical Department  
of the University of Nashville &c  
Alike distinguished as an  
accomplished Teacher a Skilful  
Physician with feelings  
of admiration for his  
liberal and independent  
principals and gratitude  
for his exertion in the  
Medical Science

This Thesis is

Respectfully Inscribed

By Tho S Roddy

# Scarlatina

This disease is so denominated from the peculiar morbid appearance of the Skin which usually accompanies it in its various forms. Scarlatina ~~Febris~~ is a febrile contagious disease frequent in occurrence extensive in its prevalence and often fatal in its termination.

Writers usually divide Scarlatina into three varieties namely Scarlatina Mites Scarlatina Anginosa Scarlatina Maligna. These varieties are however to be regarded as the same disease marked by different degrees of violence.

Scarlatina Mites - is the most benign form of Scarlet Fever in a large majority of cases the patient is not confined to bed often the first manifestation of disease is the eruption with scarcely any fever no inflammation of the throat or fauces there is troublesome itching burning

# Scarlatina

Sensation of the skin the disease declining about the fifth or sixth day occasionally the rash is preceded or accompanied with chilliness Tongue or slight pain in the head back and limbs with some febrile movement soreness of the throat Tongue coated with a white fur the pulse quick and febrile

But unless from intercurrent inflammation or some hidden malignancy there is little danger or risk of Life  
Scarlatina Anginosa

This form of Scarlatina is characterised in the early stage of the disease by soreness of the throat rigidity of the jaws with a sense of constriction and difficulty of Deglutition the The primary symptoms assimilating those of the mild variety

# Scarlatina

Characterised by greater violence - than  
the Febrile symptoms running high  
nausea and vomiting great oppressi-  
-on considerable anxiety The inflama-  
-tion of the fauces increases as the dise-  
-ase progresses the throat affection in-  
creases the voice changes and becom-  
es hoarse There is a quantity of  
thick viscid Mucous secreted in the  
fauces which is troublesome and dif-  
ficult to discharge on examination  
of the interior of the Mouth we find  
the uvula palate and whole fauces  
intensely florid and tumefied  
The tongue covered with a white or bro-  
wn fur on the center whilst the edges  
and tip presents a vivid red color  
exhibiting upon its surface a peculiar  
elongated projecting papillae occasion-  
ally the inflammation of the Mucous.

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Membranes extend back along the Eustachian Tube causes partial deafness  
And along with the interior disease  
There is more or less swelling of the external parts the neighbouring Glands the  
Parotid Submaxillary and Lymphatics  
of the necks being congested high  
inflammatory action supervenes run-  
ning on to Suppuration in many cases  
requiring deep incisions to evacuate  
the pus. In the mean time Sloughing  
and ulceration takes place in the fauces  
Deglutition very painful and more diffi-  
cult and when attempts are made to Swa-  
llow fluids of any kind they are im-  
mediately forced back through the nostrils  
and associated with these symptoms there is  
icharus yellow fluid discharged from the  
Mucous Membranes of the nose exoriating  
the surface as it passes over it

# Scarlatina

On the course of the disease the disease  
the tongue cleans off leaving the surface  
of a bright red glossy appearance still  
presenting the characteristic papillae on  
its surface the mouth's dry considerable  
demand for water the breath very  
offensive the disease still marching on  
ward it soon takes on a Typhoid  
character dark sordid forms on the teeth  
the lips become sore the fauces become  
sloughy and gangrenous the jaws more  
rigid the breathing more difficult the  
pulse full and quick the skin dry  
and harsh assumes a purplish appear-  
ance the eyes sunken and languid the  
extremities cold the head and body worn  
low febrile movement with stupor tend-  
ency to delirium during the exacerbation  
of fever the disease progressing without  
any abatement the patient sinks from

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Etauction in the second or third week of the disease or if he recovers it is after a long struggle and with a shattered cōstitution  
But in more favorable cases the disease may run its career without manifesting any alarming symptoms continuing for ten or fifteen days and even longer and then terminating in health

The decline of the eruption takes place about the fifth or sixth day the fever subsides the inflammation of the fauces ceases the swelling of the neck disappears and the patient with care is soon restored to his usual health

## Scarlatina Maligna

This is a highly aggravated form of scarlet fever characterised by extreme prostration of the muscular and vital forces in the very first stages of the disease often the patient is overwhelmed and prostrated by the



# Scarlatina

by the violent force of the disease often in the beginning the patient is attacked with symptoms of high cerebral action coma Delirium great oppression intense anxiety pulse feeble irregular at times scarcely perceptible the skin either cold or hot tongue covered with white or brown fur the breathing hurried with but <sup>little</sup> swelling of the throat the eruption coming out late is pale and indistinct arranging itself in patches of various sizes over the surface soon turning of a dark livid color unless there is a speedy and favorable change the patient dies on the third or fourth day

where the symptoms are of less degree of violence or greater energy of the system the early symptoms may

# Scarlatina

assume those of the anginas variety  
Severe pain in the head back and extrem-  
ities with comatose symptoms slight -  
Delirium in the evening exacerbations  
of Fever the pulse quick and feeble the  
Efflorescence in a few cases standing  
out baldly but in most cases appears  
scantly with dark livid spots intermingled  
with it presenting a purplish appear-  
ance of the skin the throat becomes  
sore and swollen the exudations of the  
fauces are of a dark dingy hue some-  
times black deep sloughing takes place  
deglutition extremely painful the  
tongue coated with a dark brown  
few dark spots forms on the teeth the  
lips are sore sometimes bleed when  
opened the thick viscid mucus secreted  
in the fauces very troublesome and acids  
discharge from the nose greater of

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the breath sometimes Diarrhea and -  
Hæmorrhage from the rectum The disease  
still progressing onward the System  
gives way Colaps takes place the extrem-  
ities cold features Sunken and ghast-  
ly the Eyes become vacant and listless  
a cold Cloney Sweat Some cases  
involuntary evacuations death clos-  
ing the scene in the first or second  
week occasionally cases are  
conducted through those alarming  
symptoms and ultimately recover  
but the larger majority terminate  
fatally

## Sequelæ

Probably No disease leaves such  
a train of evils as scarlatina  
Children especially are liable to fall  
into a state of bad health Chron-  
ic diseases of the skin Troublesome

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Soars behind the ears Chronic inflam-  
 ation of the eyes Troublesome abscess  
 from the ears Scrophulous Tumours  
 Swelling of the larger joints assim-  
 ulating Subacute Rheumatism

But far the most common sequelae  
 is dropsy in it various forms espe-  
 cially anasarca it may follow  
 the mild as well as the more severer  
 forms of the disease dropsy is gen-  
 erally attributed to the premature  
 exposure to cold during the period  
 of Desquamation before the process of  
 hardening is complete there is no doubt  
 that cold has some agency in producing  
 dropsy but that other causes are essen-  
 tial to it existence there is no doubt as  
 we often see dropsy where there was but  
 very little disease of the skin and no  
 exposure to cold known to have existed

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during the existence of Scarlet Fever the secretion of urine is deficient <sup>and</sup> scanty containing large quantity of Albuminous matter and sometimes blood denoting a congested and a highly inflamed condition of the renal organs the secretions of the kidneys as well as the skin being obstructed there is not a sufficient quantity of Serum eliminated from the circulation there being a mechanical obstruction to its natural outlet the Serum seeks a new channel consequently there is an infiltration of the subcutaneous areola tissues and sometimes of the larger cavities

## Anatomical Lesions

of the pathology of Scarlet Fever not much has been written often no lesions of any kind are perceptible which

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can explain the cause of death again in other cases The Mucous membranes of the alimentary canal not unfrequently leave traces of inflammation The kidneys also exhibit signs of engorgement and inflammation The Solitary or isolated Island are found enlarged and softened The appearance of the skin varies sometimes it remains of a purplish color then in other cases every trace of the eruption disappears The cuticle sometimes separates as if ~~the~~ blister had been applied The Blood sometimes changes from the normal condition

## Diagnosis

In the early stages of this disease before the appearance of the rash there is no reliable sign by which it can be distinguished from any

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other febrile disease until after the eruption makes it appear one even then it is liable to be confounded with some of the other cutaneous diseases especially Rubecular these complaints approach each other very closely in their natural characters

Efflorescence or inflation<sup>ma</sup> of the cutaneous surface is characteristic symptom of both diseases In practice it is all important to discriminate and distinguish these diseases one from the other

Now in Scarlatina the eruption breaks out on the second day of the febrile stage generally appearing first on the body in patches of minute points or papules of uniform size gradually coalescing & makes the peculiar scarlet blush then extending it self over the whole

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Surface the skin is smooth to the touch not being raised or elevated perceptibly the rash is brighter where the surface is covered than when exposed hence we usually see the eruption more intense about the flexure of the joints. If inflammation of the mucous membranes of the eyes and nose exist which generally is the case there is no secretion the throat is sore the fauces red and inflamed without any cough or expectoration. In measles the eruption appears on the fourth day of the febrile stage the rash being preceded by catarrhal symptoms the membranes of the eyes and nose inflamed with watery secretions sneezing coryza the cough at first dry and harsh subsequent expectoration the efflorescence occurring in crescentic



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and circular patches with intervening unaffected portion of skin the color is of a crimson or darker red than Scarlatina compared by writers to the raspberry hue interspersed with red papules of various sizes elevated and rough to the touch the rash is brighter where the surface is exposed than where it is covered

## Causes

The cause of Scarlet Fever is a specific contagious animal poison elaborated in the human organism and is communicated through the medium of the atmosphere or by fomites This is however disputed by many writers And amongst them the late Dr Dewees who says I have never seen any decided proof of its having communicated itself

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in a single instance on the contra-  
-ry I am strongly disposed to doubt  
its contagious quality

This opinion may have been formed  
from the fact of its prevailing as  
an epidemic and its production  
being attributed to the mysterious  
agency of such diseases. But how  
ever much its propagation may  
be affected by an influence of  
this character certainly its primary  
cause is of an infectious nature  
and like other eruptive fevers to  
which it is closely allied it des-  
troys the susceptibility to a second  
attack. It is a question unsettled  
I believe at what period <sup>of</sup> the disease  
the contagion is most active and  
what length of time the patient retains  
the infectious properties but it is

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an active poison and retained a very considerable length of Time it is often conveyed by the Physician and nurses from one family to another and it is asserted by writers to be retained in bed clothing furniture &c. for weeks or even months

Prognosis = As regards the prognosis of Scarlet Fever it will be much influenced by the character of the prevailing Epidemic At times the mildest cases apparently suddenly assumes a malignant character destroying the patient in a very short period and again there are other cases in which the patient will recover where the symptoms were truly desperate and life almost despaired of Therefore we should be cautious Mild Scarlatina is

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Divested of danger when it passes regular  
 though it course it may however be rendered  
 grave by complication or retrocession  
 the prognosis is unfavorable when the  
 disease commences with Delirium or Coma  
 Tense symptoms with a purplish color of  
 the cuticle these patients generally die on  
 the third or fourth day a sudden fading  
 of the eruption or turning <sup>in</sup> of a dark  
 colour the pulse rapid and fluttering  
 the fauces assuming a livid appearance  
 are very unfavorable symptoms

But if the patient survives the eighth day  
 without any decided alarming sym-  
 toms the eruption fading desquamati-  
 on take place the pulse becoming  
 quiet and regular the fever sub-  
 sides Swelling of the neck and inf-  
 lation of the fauces passing off the  
 patient in all probability will soon

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recover if he escapes the sequelae so common after this disease

## Treatment

In the mild form of this complaint very little medicine is required the plan of treatment to be adopted should be of the simplest kind. The patient should be confined to the house the sick room should be kept comfortable and well ventilated. If the bowels are constipated give a mild purgative and keep the bowels open. give the patient plenty of diluent and acidulous drinks the diet should be light and unstimulating in the decline of the disease if there is any signs of debility gentle Tonics should be administered and prevent the patient from

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takeny cold In the anginous variety the same general plan of treatment should be pursued commencing the treatment with an active cathartic that will excite secretion and will relieve or prevent congestion of the great internal viscera and nothing would seem to answer this purpose so well as calomel or calomel combined with jalap followed if necessary in eight or ten hours with a saline purgative and then keep the bowels gently open with mild aperients If the skin be excessively hot great relief will be obtained by sponging with cold or tepid water or vinegar and water The disposition to

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nausea and vomiting should be checked by the effervescent and neutral mixtures. The patient should avoid a moderate quantity of cold drinks if the secretion of urine be scanty the kidneys may be aided by mild diuretics though they must be used with caution or they may add to the existing congestion which they were intended to relieve. But the most urgent symptom in the anginose variety is inflammation of the mucous membrane of the fauces this should be met with by local remedies as the various gargles if the affection is trifling mild mucilaginous or astringent gargles will be sufficient. But when the fauces becomes sloughy and gargo

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gneous with pseudo membranous  
 exudations accompanied with external  
 Swelling of the Throat The more Stimu-  
 lating application are required  
 as the capsicum infused with vinegar  
 and common Salt Nitrate of Sil-  
 -ver Sulphate of zinc weak Solution  
 of Kreasate and the Chloride of Soda  
 are valuable remedies for cleansing  
 the foul ulceration of the fauces  
 Stimulating Embracations to the throat  
 externally Smopisms and Malient  
 poultices Brewers yeast given in Table  
 Spoonful doses every three hours is said  
 by an invaluable remedy if it pro-  
 duces Diarrhoea check<sup>t</sup> with opium  
 We should ever be on the lookout for  
 Symptoms of depression and meet this  
 with prompt and appropriate remedies  
 In the Malignant form of this



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disease the general practice is the same as in the preceding or anginose variety. In this form of Scarlatina often all our efforts are in vain the violence of the poison on the nervous centers is so great that the patient die in state of colaps in the very first stage of the disease. If anything can be done for such cases it is by the free use of diffusive Stimuli.

The Diarrhoea Dropsy and the various other Sequelae that so often follows Scarlat Fever must treated as if they were original Diseases taking into consideration the Condition of the System and treat the Symptoms as they present themselves.

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