AN INaugural dissertation

on

scarlatina

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Scarlatina is a contagious febrile affection, propagated by a specific contagious virus, self-limited in its course, occurs epidemically, and occasionally sporadically. It is treated of by modern, consistent, three distinct heads or varieties, namely, Scarlatina Simplicissimus, or the Simplex variety, next, Scarlatina Auginodes, or the Auginose, or Purulentus variety, and the third last, is designated by the epithet - Maligana, named Scarlatina Maligana, or the Malignant, or putrid form of the disease. This last variety is of so formidable a character, that to describe it fatal a course, as to render remedial agency but worthless and unavailing, is partly done, stamped on its very brow, and its ill depicted mane, the
import of its fearful character. It has
been truly said of Scabiatina that it
did not degre from the mildest
most trivial of affections, to the
worst and most fatal of maladies.
The same specific contagious nature
is capable of itself of producing
each and every form of the disease.
The simple variety may produce
the malignant. The malignant
the simple, either of these may produce
the anginoso, or the anginoso either
of the two. Two varieties. Scabiatina
like measles, small pox, the
exanthema in general, recur but
once during life, as a general rule.
But instances are on record in
which a second and even a third
attack of the disease has occurred.
in the same individual. These statements are also found to be recognized, because they are founded, on good authority. Although they are mere 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 this mortal and contagious. It is stated on the authority of Oberle, that nurslings and aged persons are more liable to these of the intermediate, while Watson affirms that it is an inherently a disease of childhood and Bell and Stokes confirm this statement by saying that fewer age gives a greater susceptibility to the system, while old age gives less. There is a small discrepancy
between these, as to who is right & who is wrong I am not competent to judge, practiced observation having never afforded me an idea. They argue that old age renders the susceptibility less. C. Tiel, Ricketts, & Stegall also state that males are subjectable than females. This disease was not recognized as a separate & distinct disorder until about the middle of the 19th Century, at which time Prosper Montanus an Italian physician who gave an account of it as it appeared at Rome, and the year of not the first was one among the earliest writers who wrote on Italian, but without doubt it existed at separate & distinct at that time & before it as
it ever has lived, or ever did at the reservoir. But from the last new likeness to, and difficult diagnosis from, it was jargled, and compounded with Verbesca, Paronyca, N. Morton, Hoffmann, Sydenham, & Forster, each separate of it under separate distinct terms. Morton called it Mortiili Confluenteus, Hoffmann called it Verbesca Rosalia, Sydenham speaks of a Verbesca Karlatina, & Dr. Forster, &c. described the Cymnachus maligna, of Burton, as it appeared in London in the years 1723 & 1728. & Webster called it a variety which he described Verbesca Cista, but the final separation, & annual distinctions
between Karlatina, Verbesca, & all other co anthemae, remained for


Or "withdrawing 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 palate 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 ushering in, most usually after the following manner. At first, the patient complains of slight chilliness.
alternating with transient flashes of heat, delirium, nausea, vomiting, pains, in the loins, a stifled chest, pain, a frequent full and quick pulse. The eruption most generally makes its appearance on the second day of the fever, though sometimes defers till the third. It usually occurs irregularly distributed patches of a bright scarlet red colour, minute dots or points. It begins on the face and extends itself to the neck, trunk, and extremities in regular succession, and usually on the following day from the commencement of the eruption it involves the whole cutaneous surface, sometimes extending itself to the mucous membrane of the mouth, fauces, nostrils, and even to the eye. The tongue is coated with a thick white
fur, through which the enlarged, inflamed, and elongated 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 vivid and clearly to be seen on the flexures of the joints, loins, buttocks, etc. It is generally most vivid if an evening gradually becoming pleasanter towards morning. In ordinary cases the fever and eruption are at their acme on the 11th day, usually begin to decline on the 15th, 20th, 25th, \\n\text{45th} fraction of the desquamated skin beginning to fall off on the \text{48th day, continuing until almost the whole}
of the skin of the surface of the body have fallen off. (a whole glove or lipper coming off at once). The papillae of the tongue become aggregated, and the white coat leaves the tongue in a very clean and mortally red condition. Having extended my observance on the various symptoms of the affection now under consideration, as far as my thought would lead me, and I will forthwith proceed to a detail of the character of the disease in which it sometimes finds this variegated malady. In the variety now spoken of together with the fever and symptoms 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. Occasionally it appears with the efflorescence, and sometimes until the eruption has extended itself throughout the whole course. The febrile symptoms are higher in this than in the Simplex form, for instance the head ache is more intense, often accompanied with delirium, the temperature and dryness of the skin. On the 2nd day of the fever there is a feeling of stiffness, and dull pain in the muscles of the neck, under the ear, and about the angles of the jaw. The tonsils, uvula, soft palate, & faucets generally are very red and swollen. Consequent on which hoarseness, dysphagia, impaired respiration, &c., often ensue. Where the local inflammation is very great
Coagulable lymph or viscid mucous is collected on the inflamed surfaces, giving rise to the appearance of ulcers and may be mistaken for them. Frequently these is 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 flesh, and a fetid breath which frequently is present but increases the liability to the mistake.
The continuity of this membrane may be destroyed by acridulated ganglionic the.t. Character of the inflammation by tough to tablet. The oath make sto/ appolaraised later in this than in the simple form. Sometimes may be seen on the 2nd day, though most frequently
deserved until the 3rd or 4th day. It comes out in patches on different parts of the body, more particularly about the flexures of the joints, as the elbow, knees, wrists.

Dr. Blaize informs us that when the attack is severe, the eruption is sooner thrown out than when it is mild. It may vanish entirely, then reappear, partially, at uncertain intervals, without any seeming influence otherwise than to prolong the duration of the disease. About the 8th or 10th day of the disease the fever, inflammation, and eruption, begin to decline generally, followed by desquamation of the cuticle, as in the simple variety. Though Sealsatina Auginima most frequently terminates in the foregoing way or manner, nevertheless, it may pursue a more different course or
terminate with most sad results. Thus sometimes there is a thin watery discharge from the ear, note, and anus, of an acrid character, irritating the parts with which it comes in contact, often producing permanent deafness, etc.

The inflammation sometimes extends down the mucous membrane lining the alimentary canal or respiratory tract. The brain oftentimes becomes affected during the empyema stage, giving rise to deep and fatal coma.

Abdominal inflammation may also induce, and death may be the outcome. The 3rd and last variety now to be considered is the malignant, or peptic, malignant. The eruption in this form comes out at an uncertain period from the 2nd to the 4th day of the fever. This
Usually noticeable in its disappearance, beginning in instances a deep livid line in the course of the disease. It is also irregular in its duration, often suddenly disappearing soon after at least 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 cerebral disorder $+$ often inflammation of the pulmonary $+$ gastric mucous lining membranes.

In the commencement of this form the symptoms are sometimes very deceptive. The jaundice may be as favourable as could be expected in either of the other varieties; full, soft, $+$ frequent, which in very short time may be come small, hard $+$ frequent. A low vomiting delirium, drum beats,
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 sometimes hangs over which extends itself rapidly, setting upon the palate, soft palate, and destroying the same. There is an acrid, bitter discharge from the inflamed parts, at first thin and watery, but afterwards becomes thick, and amber coloured, which escapes the angles of the mouth, lips, nostrils, &c. The sequellae or secondary affections consequent on Scarlet Fever are numerous, and often very dangerous. The most frequent of which are bloody effusions in the various tissues of organs of the body. Among those Abruised is by far the most common. Ascites next,
hydrothorax next, & lastly, hydrocephalus. As really seems as in the order of their frequency, just so they come in the order of their fatality. Deep palsy has been remarked to succeed as often in the mild as the more severe forms of the disease, but has never been known to precede it in Cases of Malignant Scarletina. It is almost entirely confined to children, seldom occurring in adults. Deep palsy depends on increased vascular action, either acute or sub-acute in its character. The treatment of course should be antipholgetic. Otis, ophtalmalia, glandular enlargements, deafness, abscesses of tonsils, bronchitis, suppuration of the cervical glands &c. are likewise sequelae of the disease, but confined to the anginose & malignant varieties. Scarletina is likely to be
Confounded with.Extubating.Petroleum, or in the
milder forms of the disease the diagnosis
only difficult, for there are 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.
their duration at which the efflorescence ma
be first observed. In Petalatina this eruption
may be seen usually on the 20th day.
Messie generally on the 10th, Sometimes on
the 20th. Secondly by the peculiar appear-
ance which the eruption presents,
being as follows. That of Petalatina being
in minute dots or points of the Dull
shape & size, diffused in irregular
patches of different Shape & sizes.
Given to that portion of the Skin on
which they are situated A Bright Redt
red Colour. In Measles the efflorescence comes out in irregular Semilunar or Crescent Shaped Patches, of dots or Points of different Shapes or Sizes, elevated above the Surface, so as to give to the Skin a very distinct Feeling of roughness. The throat affection of Scarlatina 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 irritated sensation. Equally as important is the Catarrhal Symptoms of Measles, Seldom appearing Scarlatina but always in Measles. In Roseola the efflorescence is of a deep Rose Colour. The Throat affection, Contagious Influence, Jaundice, Appearance of the tongue in Scarlatina, are absent.
As the disease varies from the mildest of affections to the worst of maladies, so also must the prognosis 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, except when they are suffering from powerful debilitating disease. 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, and more severe in Autumn and Winter. It often forms fatal in Pregumant and Premature Woméne. When the operation comes out regularly, at the proper Jarumt, it may be expected; but on the contrary when
the eruption is variable. The disease may commence favourably in all cases and assume a very dangerous grade of violence, by the superintendence of local application, the prognosis in such a case is extremely difficult. A white streak passing down on each side of the nose is said by Reid to be a fatal symptom. Reid also states that a strong inclination to vomit occurring on a sudden with a copious discharge of crude urine is a symptom the danger of which is to be much dreaded. As I have already given the symptoms attending the acute and malignant forms, I will here give some of the prognostic signs, so that the prognosis of the simple variety when it
When its course uncomplicated, is always favourable, I think it will suffice for the prognosis to say that the Acquisto variety is never free from danger, the Malignant to be accounted among the most fatal of maladies. The treatment of Scrofula must be merely palliative, for since the disease is self-limited in its course as already said, it must be useless folly for one to flatter himself for a moment with the idea of assailing it in its course, for the character of that be what it may. Although the treatment must be palliative alone, as such it must differ to suit the different varieties of the disease, as they present themselves. As the Simple variety has
seen spoken of it in the foregoing part of this thesis. In the manner
will I give down the treatment, as I stated in my outset that
practical observation had never afforded me any idea, yet this too
must be guided by the one alone.
Scabiated Simplex usually never
demands any treatment otherwise
than to abstain from any article of
food to strong or irritating, to keep
from exposure to as comfortable
condition as possible. If the skin
be too hot or dry, sponging with
cold water will sometimes alleviate
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
Salienc aperment, the skin as moist as
soft as possible with mild diaphorates
4c. At the angular variety give a
more opiate or fatal course our
be more active or energetic,
not with a view of arresting it in
do wild career but merely to palliate
those symptoms which predomi-
nicate. In the commencement of this
form emetics may be used beneficially.
Persuades are otherwise recommended
by the most of modern Authors,
incorporating diaphoratics, fresh air,
Sponging with cold water, & as it
a doublec tepid water, have been
recommended. Do Bowing also
recommends. Recovery last, with an equal
guantity of water given in Table span.
Full doses every 2½ hours. Then the
touils are very much devoted to ashes of 
flattening the throat. Sometimes giving 
great relief. Do Samuel Jackson. 
of Nottinghamshire has insisted on 
the use of ice held in the mouth, 
the liquid flowing from it to be 
wallowed as a most beneficial 
remedy, in gauguous inflammation. 
of the Lancedomild Chloride of Soda, In 
Scarlatina Maligura. Cholagogies 
should be used before the acute stage 
passes over if at all. Such as an 
emetic, Cathartic, &c. If these means 
fail to give relief blood letting should 
be resorted to, & when the acute 
stage has passed off, & it has assumed 
the typhoid type then a tonic 
treatment is necessary.