AN INAUGURAL DISSERTATION
ON
Scarlatina

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by
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Seasaltine

This is a disease, cutaneous with symptoms both simple and complicated. It sometimes
makes its advent in an exceedingly mild form, at others, it is characterized by most
malignant features. This great difference
may depend on a peculiar state of the atmosphere,
in the section of country where it is prevailing,
upon the season of the year, constitutional
susceptibility produced by various external causes,
and upon any inherent nature of the disease
itself in certain cases. Seasaltine is commonly
accompanied by high feverish excitement, inflam-
ination of the fauces and a seborrhoeic rash,
offering usually, but not invariably, on the
second day, and ending in desquamation
about the sixth or seventh day. It is most
likely to be confounded with measles. In
fact for a long time they were regarded as
the same disease. It appears to have
been the first who alluded to this
affection as a peculiar disease. Cazin, other authors seem to have noticed it, but not distinctly. Dr. Withering of England first definitely and definitely described this affection, and pointed out the difference between it and measles. Most authors mention these varieties of Leoplet paper, the Simple, the dangerous and the malignant. Sometimes they all may be blended, or only two of them and frequently it appears but the one found. The various manifestations are all dependent, nevertheless, on the cause calling Cause Symptoms Cause it Similia. The fever commences with a frequent pulse hot and dry, thirsty, flushed face, coated tongue, loss of appetite, great thirst and backache. It is sometimes attended with the following symptoms: of longer, coming, rigors, pain in the head back and limbs, sometimes nausea and vomiting.
particularly retching, backache, and
bellyache, fevers, convulsions.

The fever ranges through every grade, from
the lowest to the most excited
form. Along with the latter excitement,
sometimes after it, there is irritation and
inflammation of the surfaces. The tongue
and whole interior of the mouth
exhibiting the same appearance.

The tongue thus little red, papillary, and
at its surface projecting through the
coat. The poison comes out usually
about the second day of the fever,
excitement, sometimes sooner before
any appearance of fever is developed.

It is discovered first upon the neck,
breast, neck, face, and gradually extends
over the body and limbs, requiring
about twenty four hours for its complete
diffusion. Sometimes its course is
different from the above, commencing
the minute red points and spreading into large blotches, which coalesce into a continuous blotch over the whole or a large extent of surface. There is great diversity in the appearance. Sometimes but few patches, then again, it covers the whole body. The color is a bright scarlet generally, though occasionally it is dark. Where food supply before the skin, the scarlet disappears, but returns very rapidly. When the prepare is removed, it is increased by presentations of the face or wrinkles. produces excitement.

One marked symptom is that the body surface is smooth to the touch, there being no perceptible elevation of the body. Occasionally has a rough feel like that of some skins, as certain spots of the body, which is produced by elongation of the spicules. The skin is oftenelonated, more frequently this four hundred feet.
At the same time with the rash there may be a point of the neck, behind and above joints, small bleeding points, minute pinpricks and punctures or rashes with the pox in its decline. This affection is attended with irritation and itching, which is very annoying to the patient. The fever continues throughout the whole course of the disease, with various degrees of violence. The pulse as I have frequently observed, is very frequent one hundred and twenty thousand and thirty in the minute and often more than this. It is very seldom strong. The temperature is from one hundred and five to a hundred and ten degrees F. and sometimes reaches a hundred and twelve. The larvae are generally constipated, but in the advanced stage there is diarrhea occasionally, sometimes irritability of the throat. The throat is often burning.
affected, being the most formidable and
dangerous part of the disease producing
difficulty of respiration and respiration
almost amounting to suffocation. From the
fifth to the ninth day, is about the period
of the height of all the symptoms. If the
case is favorable they then begin to
decline. The pulse is less frequent fuller
and stronger, the colour fades the heat
diminishes and the tongue becomes clean.
Delirium commences about this
period, sometimes the patient experiences
in small doses, but often in large
flakes. This process is usually completed
in about two weeks, and the patient
is correspondingly well. The disease does
not always terminate so favorably as
this. From the commencement it is
often dangerous, death occurring in
the very first symptoms from the great shock
before the system. During the progress
of the descent the patient either dies of fever or some other violent cerebral attack. Some of the more delicate functions are often involved, as the sensori-motor functions, by inflammation causing paralysis. The patient shows some debility and loss of appetite, produced by the constitutional characters of the epidemic. Then are frequently other local effects of a dangerous nature, consequent upon the original descent, fevers or inflammation of the abdominal and thoracic cavities and the throat, from the lattersuma serous discharge of pus take place. Oftentimes take place into the bowels, Convulsions of the body giving rise to the different kinds of dropping. These are the general characters of this descent. I will now proceed to speak of the different forms of febrile fever. First Leptospirosisicular. This is attended by an internal impalement of the throat as in the other forms, but simply the fever and cough.
The forces are sometimes slightly red and painful, this being the whole extent, to which the throat is affected. This form is for the most part very mild, the patient frequently not being compelled to take his bed. Generally the first symptom is a slight hoarseness of voice, especially upon the face and neck, with some feverish excitement. In occasional instances of this form it is much more severe, all the symptoms assuming a more alarming nature. There is usually but little danger unless the disease passes into one of the other forms of inflammation. In such cases there is some important organ, Scrobilin Anginosa. This Society is accompanied with a decided implication of the throat. The jaws are stiff and there is pain and difficulty of deglutition at the reception of the disease. The eruption
comes out on the third instead of the second day, keep abundantly and not so generally diffused, often confined to a posterior post. There is great diversity in its manner of appearing, at times, it occurs and then returns again. The fever is higher than in the simple boilit, the pulse being more frequent, there is greater tendency to rigor and delirium. The eyes are often red, but dry; there is irritation of the nostrils, producing great annoyance, a dry cough, and occasionally hemorrhage. The tonsils, uvula, and palate are inflamed and swollen, with lymph exudations, the patches, over the first. These patches are of a dirty white or ash colour, sometimes covering the whole surface of the fauces and extending into the pharynx and can usually be scraped off. They may be mistaken for warts, but after returning them, the
Surface remains smooth and without abrasion. Sometimes however they do cover eroded spots which are ulcerated or gangrenous. Rarely they extend into the larynx producing symptoms resembling pseudo-membranous cough. The external aspects in the vicinity are distinct, more especially about the tonsil and tubalary glands. The tonsils are often inflamed, but more frequently the lymphatic glands and the salivary tissue surrounding them. Not infrequently the whole external respiratory and deglutatory passage become inflamed and there is a constant secretion of viscid mucus. Which interferes seriously with the functions of these parts. After a further advance of these symptoms, in acid fluid is discharged from the rectum or taken into the larynx, which produces the adjacent parts of the larynx or produces imitations of the latter and diarrhoea.
The discharges have been become of the same acid nature, and produce the same irritating effect upon the lower end of the alimentory canal. The tongue throws off its coat, and becomes red and glossy. The incrustations upon the fauces separate spontaneously or are absorbed and the surface remains smooth and red. The disappearance of the eruption begins later than in the simple form, and the fever and bowels most evidencing after the desquamation begins. Sometimes the disease assumes a typhoid character, and it is more liable to prove fatal than before. Recovery is delayed and there is greater apprehension of organic involvement. But still authors say the majority of cases of this form recover. This variety may run into the malignant and be subject to all the degrading attendant upon it; sometimes overwhelming the patient before the throat has time
To become seriously complicated, Carcinoma
Maligre no (Ezgncrargc Maligre). The disease
has obtained these names, from the
rapidity with which the system is
involved and from the dangerous
manner in which the distress is offered
though the lost is not essential to the
malignancy of the disease, for the patient
often expires before that part is affected.
The patient is attached with Exeue, oppression,
feverish, and great anxiety; the pulse
being slender, feeble, frequent, and irregular;
the face either cold or hot; ice and
hot and cold in another; the respiration
preternaturally slow, or hurried, and
irregular; the face pale or livid; and the
muscles almost powerless. Feeble attempe
may be made at reactions; febrile heat
may be partially developed, to disappear again,
and seem some violet specks may appear
as if they were endeavoring to struggle
through the third. But the resistance of the system soon ceases, and the patient dies before the second or third day. From a high degree of the above symptoms, reaction may take place, and a low fever be established, with delirium, stupor, or mental restlessness, a visible circulation, a livid, purplish, or dark red eruption, pustules or blisters, papular hemorrhages, involuntary urine discharge, but usually a favorable change is effected by reactio, death closes the scene in a few days. I hope my honorable professors will pardon this quotation, as it depicts, to much more clearly the symptoms of this very dangerous form of leeset fever, than I could possibly do. In cases when the organs of the system are greater, or the violence of the cause is less, the symptoms are less violent and there is less immediate danger to be apprehended. There will still remain some signs of malignancy, such as
Generalized pains in the limbs and the extremities, a tendency to delirium or stupor a breaker, though no less frequent pulse, a hot appearance of the exception, while it is more aperea and of a darker hue. When the disease has continued a while, there are symptoms of a hypnous nature, the pulse is more short and the surface is not regularly heated, the exception disappears partially, or altogether, or changes to a darker colour. The perspiration upon the face and in the inside of the mouth, tense and dark, and has a dirty aspect. Abscession or gangrene takes place, by which considerable portions of the soft parts are destroyed, while the healthy parts have a fiery red appearance, the tongue and teeth are covered with dark borders. Blood escapes from the mucous membranes, a colliquative diarrhoea sets in, and all the external parts, where there is pressure,
though. Collapse takes place finally, with ghastly, sunken countenance, a cold clammy sweat and an almost imperceptible fluttering pulse, and involuntary discharges in death about the close of the first week or two days. Sometimes the case is conducted to a more favorable end the patient has to contend with exhausting obstructions and other drains which sometimes the disease of the patient or the eventually recover. This form of the disease may attack the patient at the outset, or may be consequent upon one or both of the other forms. The cause being the same in each case, though more severe in one than another. Cases sometimes occur during the prevalence of diarrhoea, in which the exception is absent, though there is absence of the thirst, with all the other symptoms of the disease, during the usual course. It is said that the disease has been communicated from such cases, and
that itching and desquamation take place at the regular time. Sequelae to be taken.

They are abscesses about the Eustachian and Submaxillary glands, which frequently caus

The patient, or the discharge is so abundant as to produce headache, which often proves fatal. Abscesses are formed in the ear and oblitrate discharge of matter kept up; they also form within the cavity of the Synovium and that membrane is destroyed together with the bone of the ear, from this lesser is often much impaired. Sometimes a bad form of Ozena results, from a similar affection of the pharyngeal membrane of the nostrils. Abscesses of the joints and testes are consequent upon this; and mortality.

Abscesses, emphysema of the bones, accretions of the bones, accidents of the bones and sternum frequently exceed this in which the prognosis is unfavorable. By far the most frequent and dangerous sequelae to this is sepsis.
Anatomical character. The scarlet colour often rapidly disappears, occasionally it changes to a darker hue, and sometimes there is no trace of it left except a few dark spots. Sometimes the subjacent subcutaneous tissue is involved. The cellulitis may be frequently deposed from the healing; though it is not always the case. The incrustations often remain, extending into the phlogous and desquamating, but the subjacent passages do not become involved as often as in the chest. The intestine organs are more or less congested. The phlegmonous canal seems particularly liable to be attacked, and the presence of lesion is often visible after death. In many cases, when the patient is taken off, early, there are no signs of morbid action having taken place. The blood is subject to great density in its fluidity and solid constituents, an increase of red corpuscles can...
To be the greatest change. Because, it is generally supposed to be specific, and of a contagious nature, but it is no doubt often produced by epidemic influence, mostly communicated through the atmosphere, and so often confined to a small district of country, in fact at times even extends far during one epidemic. It is said to have been communicated by inoculation, but that is a disputed point. There is great diversity as to the nature of the epidemic influence, sometimes giving it a strictly inflammatory type, when bleeding and other antiphlogistic measures may be used, again giving it an asthenic or typhous grade. In most epidemics the bowels are involved, in some the joints, and in others the respiratory passages. During one epidemic nearly all the patients recover, in another the disease is distemperingly fatal, so how were the cases when I reside. The young are most
liable to be attacked than the middle-aged or the old, the latter seeming to become less susceptible of its influence. The skull does not always escape hinsurance, and probably females not so often as males. It may present at any times of the year, authors differ very much upon this point. It generally attacks the influence upon and individual in the first attack, very seldom recurring more than once in the same person.

Diagnosis. This affection is more liable to be mistaken for measles than any other disease. The most remarkable symptom is the extraordinary frequency of stiffness and redness of the face. Before the eruption comes out, it might easily be taken for any febrile complaint. There are no extant symptoms as in measles, the skin under its appearance on the second day instead of the fourth day as it does in measles. It is distinguished also by the Rigorous Symptoms.
and the scarlet fever, which is more uniformly diffused over the surface and by the action being more smooth than in measles. Both diseases have seemed in one individual at the same time. Prognosis, in forming our opinion as the result, a great deal depends upon the character of the prevailing epidemic. During some there is little fatality and of course little danger to be apprehended. Sometimes patients die without any visible disorganization or any morbid symptoms, for great personal distress or disorder. Then again others who have lingered along under a most malignant attack with its sequelae finally recover, while there was very little hope for them. Some persons appear particularly irremediable by its influence and also some entire families more so than others. It is more dangerous in pregnancy and about the periods of childbirth than at any other time or in any other woman.
Treatment. The bowels must be opened with some gentle purgative, probably saline cathartics are the best. If there be high fever or xanfection, with swift or strong pulse, with any tendency to inflammation, purgations laced of Colocynth might be given at night, followed by saline cathartics next morning. Colocynth must be given with great caution, especially among the Epidemic or acute asthmatic forms. If there is any diarrhoea Dr. Wood recommends costoveral and lindanum combined, which seems to act kindly on the inflamed serous membrana of the bowels. Bleeding may be resorted to in some cases, while 1% to 2% should be devoting on the procain. Frequently local hemorrhaging can be practiced when general bleeding could not be accounted for. The great danger of inflammation of any of the important organs, unless the patient is on an asthmatic state, we cannot that
In the upright posture, after the fever is fully developed, copringer drinks are freely. The
principal mixture is an excellent draught of this
chop, or the officinum draught when there
is irritation of the stomack or bowels. If
there is much pain, and determination to the
head, cold applications may be applied; provided
they are agreeable and do not produce chillings.
If these can not be used, hot fomentations may be
substituted. Dr. Johnson advises ice to be taken
internally, which cannot be used constantly.
Great remedies are very useful in this affection when
there is inflammation of the joints and bowels
lymph exudations, or ulcerations, goys, made of some
of the mineral acids diluted, or of sulphur of fire
outside of ulcers, or common salt seen excellent. Red
peppers seem to act more forcibly in this; then
any other local application, in the form of infusion
or tincture, frequently applied, both internally and
externally. Sometimes the poultices may be made
into a paste with water or spirits, and placed
over the postis. In the gaseous eruptions antecipating as the chloride of soda, creosote, hydrioguens acid made into gosses with mosty be highly beneficent. Excellent properties to the lionie parte, before and after suppuration must be used. The poisons should be well heated and of a moderate temperature. Light diet should be enjoined. If the diseson takes a document, the patient must to be supported by stimulants, or some whey beef tea, sulphate of ferrous in conjoinction with some of the mineral sicks in the treatment of feverous burn. Phosphates, Kelloe lozeng is considered one of the best given daily in minute does dissolved in waters. Those are mentioned, but it is much doubted whether any medicine yet discovered has this property. Joseph D. Gilbert Chen. 