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DR. WATSON ON SCARLET FEVER.

[Concluded from page 187.]

THE earliest threatenings of this formidable complaint demand attention. It is usually preceded for a day or two, or longer, by languor and peevishness; frequently by nausea and vomiting, and a costive state of the bowels. The pulse, in the outset, has been found slow, and beating with irregular intervals; but it afterwards becomes frequent. The urine, at first, is scanty as well as altered in appearance. The face becomes pale and chuffy. Sometimes, as the disease proceeds, violent headache, dilatation of the pupils, convulsions, or palsy, denote effusion within the head. Much more frequently the pleuræ are the seat of the internal dropsical accumulation, and dyspnœa is a prominent symptom. Ascites, to any considerable extent, is rare.

The contagion of scarlet fever is active, but uncertain. It is not so strong, nor so uniform in its action, as that of smallpox; but it seems to be peculiarly subtle and tenacious. Fomites infected with the variolous poison soon lose their power to excite disease if they are freely exposed to fresh air. But the contagion of scarlet fever lurks about an apartment, or clings to furniture and clothes, for a very long time, even after some care has been taken to purify them. Of this I have known several remarkable examples. You will be asked at what period the danger of imparting the disease on the one hand, or of catching it on the other, is over; and I would recommend you to answer that you do not know. I am sure I do not; and therefore I always decline the responsibility of giving an oracular opinion on the matter.

I may arrange what I have to say of the *treatment* of scarlet fever, according to the three varieties of it already mentioned, the *scarlatina simplex—anginosa—and maligna*.

The first of these requires nothing more than confinement to the house; and the observance of the antiphlogistic regimen in regard to diet; and regulation of the bowels.

With respect to the management of the severer forms of scarlet fever, great differences of opinion have prevailed. I should recommend you to look into Dr. Williams's book on *Morbid Poisons*, recently published, for some interesting and satisfactory *information* on this head. Satisfactory to me at least it is, because the result of it goes to justify that kind of practice which I have always considered to be the safest and the best in this disorder.

In the scarlatina anginosa, the treatment I employ is very much the same as that which I consider proper for many cases of continued fever. If the heat of the surface be very great and distressing, I should certainly not recommend the cold *affusion*, but cold or tepid *sponging* will be very refreshing and beneficial. If delirium should come on, I would shave the scalp, and apply cold to it, and take away some blood by leeches: and the leeches I would apply to the *throat* rather than to the *temples*; for the tonsils, in this form of the disorder, are more swelled and inflamed, and probably a part of the head affection may arise from a disturbance of the balance of the cerebral circulation, produced by the tumefaction around the great veins that return the blood from the head. By leeching the throat you relieve that part, and at the same time the *head also*. If the fever were extreme and the delirium violent, I would take blood cautiously from the arm, while the patient was sitting up, and carefully watch the effect.

When none of these untoward head symptoms declare themselves, all that we have to do is to keep the bowels open by moderate laxatives. The patient may take saline draughts, which are grateful and cooling. The citrate of ammonia thus administered is what I frequently prescribe: and if the pulse be without hardness, and feeble, I order an excess of the carbonate of ammonia, so that four or five grains of it in each dose may remain unsaturated by the lemon-juice.

With respect, then, to this form of the complaint, the principles of treatment are, not to interfere unnecessarily; to take blood when certain symptoms require it, but to take no more than seems likely to be sufficient for the purpose in view; to bear in mind that the system is laboring under a morbid poison, which we cannot eliminate from the blood, but the dangerous effects of which we are to watch and obviate.

In that worst form of scarlet fever, the scarlatina maligna, all our care will too often be in vain. There appear to me two main sources of danger. The one arises from the primary impression of the contagious poison upon the body, and particularly upon the nervous system, which is overwhelmed by its influence. The patients sink often at a very early period, with but little affection either of the throat or of the skin. If we can save such patients at all, it must be by the liberal administration of wine or bark, to sustain the flagging powers until the deadly agency of the poison in some measure passes by. But another source of danger arises from the gangrenous ulceration which is apt to ensue in the throat, when the patient is not killed by the first violence of the contagion. The system is re-inoculated, I believe, with the poisonous secretion from the throat. Now under these circumstances, also, quina, or wine, and upon the whole I should give the preference to wine, are to be diligently, though watchfully given; and something may be done, by the way of gargles, to correct the state of the throat, and to prevent the perilous consequences which would otherwise be likely to flow from it. A weak solution of the chloride of soda may be employed for this purpose; and if the disease occurs in a child that is not able to gargle, this solution may be injected into the nostrils, and against the fauces, by means of a syringe or elastic bottle. The effect of this application is sometimes most

encouraging. A quantity of offensive, sloughy matter is brought away; the acrid discharge is rendered harmless; the running from the nose, and diarrhœa, cease; and the disease is converted into a form which approximates to the scarlatina anginosa. This is a great improvement upon the old plan of ordering capsicum gargles.

From several distinct and highly respectable sources, *chlorine* has been strongly pressed upon my notice, as a most valuable remedy in the severest forms of scarlet fever. My informants have stated, that whereas they formerly dreaded to be summoned in cases of that disease, they now, having had experience of the virtues of chlorine, felt no misgivings in undertaking its treatment. Since these representations were made to me, I have not had opportunities enough of trying this drug to enable me to speak confidently of its sanative power; but I shall certainly employ it in future. I presume that its disinfecting properties may, in part, account for the good it does. It probably deprives the foul secretions of their noxious quality.

In the fourth volume of the *Medical Gazette*, Messrs. Taynton and Williams, of Bromley, write in high praise of this remedy. I will give you the formula for its preparation.

Two drachms of the chlorate of potass are to be dissolved in two ounces of hydrochloric acid, previously diluted with two ounces of distilled water. The solution must be put immediately into a stopped bottle, and kept in a dark place.

Two drachms of this solution, mixed with a pint of distilled water, constitute the chlorine mixture; of which a table spoonful, or two, according to the age of the patient, may be given for a dose, frequently.

We must not omit, in this, as well as in the other forms of the complaint, to pay attention to the state of the bowels, and by no means to allow them to remain costive.

I have seldom used blisters in this disease; but an experienced physician has lately told me that, when applied *early* to the neck and throat, they appear to render the affection of the fauces mild.

When the patient is at length convalescent, he will require careful watching till that period has gone by at which the dropsical symptoms are apt to appear. It is by neglect or imprudence that these symptoms are brought on. The patient should be sedulously protected from all exposure to cold, and wet, and fatigue; indeed he ought not to be permitted to go out of the house until the progress of desquamation is fairly over: and I would not willingly let a patient go out till some little time *after* this. When dropsical symptoms *do* occur, if they are very slight, they may be removed in general by purgatives and by digitalis. The *supertartrate of potass* is a good remedy, too, in such cases, and the use of the *warm bath*, which may be repeated every night.

But if there be any indication of *inflammatory* disease within, we must adopt more active measures. We have not, *now*, to contend with the depressing influence of a morbid poison, but we have to dread the consequences of acute inflammation; or of the sudden effusion of fluid, the mere presence and pressure of which may fatally oppress vital organs. We should have for our object to arrest the inflammation—or to

promote the removal of the effused fluid—by bloodletting, and by the exhibition of purgative medicines, and of *mercury*. The worst case of this kind that I ever witnessed occurred in a boy of 15, the son of a tradesman in my neighborhood. He had had scarlet fever, *mildly*, and had got well, or nearly well, of it, as he believed: and he went, one evening, into his father's stable, and staid there some time in the cold, during the period of desquamation. A day or two afterwards he began to have headache, and in a few hours more was seized with convulsions of one side of the body, coma, and at length hemiplegia; and his face and extremities became at the same time anasarcous. A large quantity of blood was taken from his arm, he was cupped on the temples, and took mercury till in a short space of time he was profusely salivated. Under this treatment the coma and dropsy rapidly disappeared, and he presently recovered the use of his palsied limbs, and got quite well. I make no doubt that some effusion took place within the cranium, as well as into the subcutaneous cellular tissue. The plan of treatment followed in this case, modified according to particular circumstances, is that which I should again pursue, and therefore what I should recommend you to pursue, in similar emergencies.

You are probably aware that *belladonna* is believed by many to exert a preventive and protecting influence upon the body against the contagion of scarlet fever. Hahnemann, the author of the homœopathic hypothesis (and thereby of much mischief to mankind) was the first to assert this. It is said that belladonna administered in small doses causes sometimes a rash resembling that of scarlatina. It certainly is apt to produce dryness and redness of the fauces. I know nothing, by my own experience, of the alleged conservative property of this vegetable, but in the small quantities recommended there can be no harm in trying it, *provided that* its employment does not lead to a neglect of other precautions. Three grains of the extract of belladonna are dissolved in an ounce of distilled water; and three drops of the solution are given twice daily to a child under twelve months old, and one drop more for every year above that age. It is affirmed that if this remedy does not prevent the disease, it will render it mild: and that if it be taken four or five days before exposure to the contagion, the resulting scarlatina never proves fatal.—*London Medical Gazette.*

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#### THE POPULATION PROBLEM.

It is lucky for the population-mongers that they did not live in Swift's days; for most unquestionably he would have given them a niche in the Academy of Laputa. The philosopher who attempted to extract sunbeams from cucumbers, or the architect who insisted that houses should be built from the top downwards, did not advance any absurdity more gross than the theorist who would extract happiness from the "moral check," or improve society by upsetting the instinctive charities upon which it is founded. Goldsmith gives us the journal of an astronomer, who, while watching the aberrations of the moon, is careless about those