Clinical Lecture

ON

SCARLATINA AFTER OPERATIONS.

DELIVERED AT

ST. BARTHOLOMEW'S HOSPITAL, 1863.

BY

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MR. PAGET, referring, in the course of a clinical lecture, to a case of lithotomy recently under his care in the hospital, said:

The boy lately operated on for stone had scarlatina; at least, an eruption exactly like that of scarlatina appeared over nearly the whole surface on the day after the operation, with general febrile disturbance. Two days later, it began to fade; and in a few days had disappeared, and left him in about the same state that we may suppose he would have been in if no such illness had occurred. All went on well for a month; the wound was nearly healed; and he was deemed convalescent, when, perhaps in consequence of exposure to cold, he had severe pain in passing urine, and evacuated with it a considerable quantity of blood from the kidneys, and tenacious mucus. Two days after this, he had sore-throat; then an eruption, like scarlet fever, again appeared: it continued for three days, and was succeeded by desquamation. The urine in about ten days had gradually regained its natural condition, and he again seemed well. But now whooping-cough set in, and again retarded, though it did not finally prevent, recovery.

If I had never seen a case similar to this, I should have hesitated to call it scarlatina; for the symptoms of the first attack were very incomplete, and those of the second were unusual and disorderly. But I believe the case was really one of scarlatina, modified by the circumstances in which it occurred; and that it may be reckoned with other similar cases in illustration of some interesting general principles.

About this time last year, when scarlatina was very prevalent, I saw six cases after operations in private practice; I have notes of four more that occurred either before or since; and I have heard of many more. By some, these cases may be supposed to have been only casual coincidences of scarlatina with surgical diseases; but, if they were so, we ought to find a proportionate number of cases among surgical patients not operated on. But this does not happen. In private practice, I do not remember to have seen scarlatina supervene in any surgical cases except those in which operations had been performed; and, in hospital practice, I doubt whether it is much more frequent among all the other patients taken together than it is in those who have been operated on. I cannot, therefore, doubt that there is something in the consequences of surgical operations which makes

the patients peculiarly susceptible of the influence of the scarlatina poison. And, together with this susceptibility, we may observe that the disease undergoes in them certain modifications, especially in the period of incubation, which is much shortened. In all the ten cases that I have noted, the eruption appeared within a week after the operation; and in eight of them, within three days after it; namely, in two cases, on the first; in three, on the second; and in three, on the third day. Other deviations from the typical course of scarlatina were, that in some of the cases the eruption came out over the whole surface at once, and on the limbs more fully than on the face and chest: in some, there was no sore-throat; in others, no desquamation.

The cases are not numerous enough to determine the import of these variable deviations from the type of scarlatina; but that in which all of them, whether complete or incomplete in other characters, agreed, namely, the very early period after the operation at which the rash appeared, deserves particular notice. It adds to the evidence, that the appearance of scarlatina is in some way connected with the early consequences of operations. If it were not so, and if patients after operations had only the same liability as others, there would be no reason why the eruption should appear early, rather than late, after the operation; but, so far as I have seen, it always appears early—always within the first week.

Two explanations may be offered of this fact. Either the condition induced in a patient by a surgical operation is one that gives a peculiar liability to the reception of an epidemic or contagious morbid poison, and any one of these, being imbibed immediately after the operation, produces its specific effect in much less than the usual period of incubation; or else those who suffer with scarlatina within a few days after operations had previously imbibed the poison, but would not have manifested its effects so soon, if at all, unless their health had been exhausted or disturbed. The second of these explanations appears rather the more probable; for it is in accordance with what has been observed when many persons have been exposed to the contagion of fever, and some have been afterwards exhausted by fatigue or otherwise. These have had fever; while those who rested after exposure have escaped it.

But, whatever explanation may be given, the fact of peculiar liability to scarlatina after operations seems certain, and may be important in relation both to the pathology of the disease and to the risks of surgery. In one of the cases which I have seen, it was fatal; in another, it was followed by fatal pyæmia: and I think it not improbable that, in some cases, deaths occurring with obscure symptoms, within two or three days after operations, have been due to the scarlet fever poison hindered, in some way, from its usual progress.