PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY DR. HENNIS GREEN AND DR. STREETEN.

No. 26. Vol. I.] LONDON, SATURDAY, MARCH 27, 1841.

[PRICE SIXPENCE
STAMPED EDITION SEVENPENCE.]

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CASES OF SCARLATINA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

GENTLEMEN,—Some very severe cases of scarlatina having lately come under my notice, and, from their peculiarity, doubtful whether to set them down as the character of the epidemic or its exception, I take the liberty of laying them before the medical public, through the pages of your Journal.—I am, your obedient servant,

THOMAS ANTISELL, M.R.C.S.L.

Abbey-street, Dublin, March, 1841.

CASE I.—A child, æt. 7, affected with scarlatina; rash of a dusky hue and copious; deglutition difficult; throat ulcerated and coated with lymph; a swelling appeared on the right side of the neck, occupying its whole extent, red, hot, and very painful; no fluctuation evident; frequent cough. The patient died within 30 hours in a fit of dyspnoea, apparently suffocated by the pressure of the tumour.

On *post-mortem* examination, the upper lobes of both lungs were engaged in the first stage of pneumonia; great œdema of sides of glottis; extensive ulcers on outside of arytenoid cartilages. A section of the diffuse swelling on the external throat showed great thickening of sub-cutaneous cellular tissue with slight effusion; no purulent infiltration, nor glandular enlargement.

CASE II.—J. D., æt. 2, had pyrexia and coryza; rash appeared on the third day on the right elbow and knee, of a florid colour; fauces painful, and slightly tumid externally; pulse 120. On the next day these symptoms were aggravated; the internal fauces were red, swollen, and ulcerated. The day after, pulse 130, weak and irregular; raved and started during sleep; face œdematous; left side of throat externally red and swollen extensively; great prostration. Died on the following morning. There was general anasarca; swelling on the neck had increased rapidly previous to death, occupying from the mesial line to the mastoid process; felt doughy without fluctuation.

CASE III.—J. C., æt. 10, when first seen had a copious bright eruption over face and trunk; tumefaction of external throat; difficult deglutition and dyspnoea; bright redness on inside of mouth and fauces; pulse 160, very feeble; discharge from eyes and nostrils. In the evening the defections were involuntary. Next morning pulse not to be felt; countenance sunk; eye glassy. Died 26 hours after admission. The eruption, for some hours before death, was confined to the region of the clavicles, where it was of an intense purple colour, and presented a punctuated appearance.

These are a few of the cases which have appeared well-marked instances of the present form of the epidemic, in which there is a tendency to the propagation of the inflammation and ulceration down to the larynx; and in all the cases anasarca accompanied it almost from the commencement; and lastly, an extensive diffuse inflammation of the sub-cutaneous cervical cellular membrane.

The fever accompanying this variety of the epidemic presents the following features:—A hot skin; pulse very quick, varying from 120 to 160; tongue moist, and much furred; and great thirst.

The throat is severely inflamed; the tonsils are red, swollen, and ulcerated; and the whole back of the mouth of a scarlet colour, and in most cases coated with lymph. The external fauces commence to swell along with the precursory fever, and progressed rapidly when the eruption had appeared, rendering the respiration more laboured and quicker. This swelling, which generally occupies the greater part of the side of the neck, in some instances reaching from the mastoid process to the mesial line, becomes red, painful, and tender to the touch. This inflammatory swelling is confined to one side of the throat, the other being only œdematous. It possesses no circumscribed line of demarcation, where it might be said to terminate, but merges undefinedly in the surrounding œdema. The little patients appear to suffer much from this tumor, stretching out the arms and asking to be raised to the erect posture. The face and the feet become œdematous, and if the patient live long enough, the whole surface will be anasarca. In some cases the anasarca appeared over the whole body within the last 24 hours of life, more usually it has been progressively increasing for two or three days. The patient remains a very short time in this condition, a sudden attack of dyspnoea carrying him off without any convulsive effort.

I have lately seen seven children carried off with these symptoms; and was at first under the impression that they died from the pressure of the tumor; but having been favoured with the *post-mortem* examinations of three of these, a more likely cause presented itself. In these, there were extensive ulcers on the tonsils of two; in all, the roof of the mouth and the velum were covered with lymph, and ulcers existed on the sides of the arytenoid cartilages. The epiglottis and sides of the glottis were œdematous; there was no lymph or membranous exudation in the larynx. A section of the tumor on the external part of the neck shewed that there was no enlargement of the parotid, sub-maxillary, or cervical absorbents; no abscess, nor infiltration of pus, but extensive thickening of integument, with serous effusion through the part.

There can be no doubt that œdema of the glottis was

the immediate cause of death in these three cases, and analogy would lead us to suppose the remainder to be taken off by the same cause; however, if there were no œdema of the glottis, there would be sufficient cause of death in this external tumor. I am not aware that these diffuse swellings have been described by writers, in connexion with scarlatina. Dr. Tweedie* mentions a form of the epidemic accompanied with tumefaction of the subcutaneous cellular membrane, and enlargement of the cervical absorbents; but in the above cases there was no glandular enlargement, on the contrary, they appeared pressed upon by the serous effusion and thickening of the integuments.

How these tumors originate I am at a loss to conceive, or whether they bear any, and what relation to the state of the larynx, they being found in these cases coexistent. From their first appearance, they were actively treated by leeches and blisters. General bleeding was not employed, neither the individuals nor the epidemic allowing of it. But other depletory treatment, as purgatives and mercurials, have been employed; yet, notwithstanding the tumor enlarges, and the patient dies, and dies at an early period of the disease, almost before active treatment by medicines could afford relief—they die before they are reduced by depletion or exhausted by debility—the duration of life varying from 26 to 60 hours.

In all the cases, whether the eruption on the skin be much or little, the rash was always vividly red in the mouth; on the palate generally in pencilled striae. In one case I saw the rash inside the mouth two days before its appearance on the skin; the case was a mild one.

Anasarca appears to be a universal accompaniment of the epidemic. In two cases I have observed along with it, both in appearance and disappearance, serous effusion into the pleural cavity; indeed, there appears to be a disposition toward effusion into most of the serous cavities. Whether this be the result of previous inflammatory action in the part, or not, is difficult to decide.

Scarlatina attacked a family lately, in which every member had the disease, with different symptoms. One child brought the disease home from school; he had the rash very mild; throat inflamed, but not ulcerated. An elder child was in a few days affected somewhat more mildly; when recovering, they went out in snowy weather, and œdema of face and legs appeared, which was removed after a few days by active purging. A younger child had no sore throat, but the rash copious; two days after the appearance of which, without any assignable cause, anasarca supervened, and along with this, effusion into the air-cells of the lungs; she had dyspnoea, orthopnoea, and great debility. These symptoms were relieved by leeches to the chest, blisters, and mercurial purgatives, and she slowly recovered. The mother, while attending, was seized with cynanche tonsillaris, with sympathetic fever; abscess formed in each tonsil, and burst; in a few days after she had œdema of face and legs. The father had redness of fauces and velum palati, with pain; removed by an emetic and an anodyne. And last of all, the servant had severe inflammation of throat and fever, which lasted for ten days. Such varieties in a family are interesting, shewing how conditions in the individual modify the appearance of the disease.

That the anasarca which accompanies these cases is of inflammatory origin cannot be doubted.

1st. From its occurrence at so early a period, before the strength of the individual is exhausted by the disease or the treatment.

2d. By its existing along with inflammation in other parts of the system.

3d. By its connexion with urine, alkaline, scanty, porter-coloured, albuminous, and depositing white flakes.

4th. By its disappearance under depletion as vigorous as the case will allow.

These conditions afford sufficient indications both as regards its nature and treatment. This dropsy I have observed in the bronchitis supervening on whooping cough, and in this frequent doses of calomel and jalap removed it.

There is one form of disease as a sequel of scarlatina, of which little notice has been taken; perhaps from its rare occurrence, and it is probable, if the disease would allow of more active treatment in the commencement, it would not exist; I mean pericarditis. During the progress of the epidemic the patient complains of cough and dyspnoea, with pain in the præcordial region. There is tenderness in pressing up under the costal cartilages, and dullness on percussion; the heart's action is quickened, and the two sounds appear to run into each other; these signs were removed, leeches having been applied, and calomel and opium administered. In one case which proved fatal, the child, æt. 9, had scarlatina without medical relief, and when brought into hospital was anasarca, especially in face; hurried breathing; great prostration; fauces tumid, with enlarged tonsils; pulse 180, and feeble; no rash; pain over region of heart, with dullness on percussion; heart's action quickened, with a prolonged first sound. Sounds better heard at spine than in front; he lay in bed doubled up. Leeches were applied, followed by a blister; mercurial dressing, and calomel and opium powders. The abnormal symptoms were removed when salivation set in; the anasarca and debility increased; wine was freely given, but he grew weaker, and died 13 days after admission. Perhaps the pericarditis was in this case due to the exposure to cold; but as it occurred in other cases without the exposure, it might be attributed to the same source from which hydrothorax arises; namely, the extension of inflammation.

These effusions may be looked on as inflammatory, when we consider that the arguments which hold good with regard to the anasarca equally affect this complication, and I am inclined to suspect that this complication occurs more frequently than is commonly believed.

For some of the cases abovementioned I am indebted to the kindness of Dr. Duncan, physician to the North Dublin Union Workhouse.

PLAN FOR PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As the subject of Medical Relief under the Poor-law Amendment Act is at present exciting considerable attention, I would beg leave to offer a few suggestions on the subject through the medium of your valuable pages.

Every one who has given attention to the subject must admit that the best mode of providing medical relief to the poor is to employ a medical man to devote his whole time to the duties of his office, and to reside in the union workhouse. This has been the case, previous to the introduction of the new poor-law, in Manchester, and I believe also in Nottingham and several other towns. If this plan were adopted, it would put an end to the system of young men taking unions at a low rate for the sake of the introduction to private practice; and as the union medical attendant would have no private practice to divide his attention, his whole time would be at the service of the paupers; and it is presumed that, in a union of moderate extent, and with ordinary diligence, a young medical man could easily discharge the duties that would necessarily devolve upon him. The objections to this plan are, that young and inexperienced men only would accept these appointments, and that the poor would not have the option of placing themselves under the care of medical gentlemen who are agreeable to their choice, which patients have the means of doing at every medical charity in the kingdom, by sending in their tickets of recommendation on the day of attendance of their favourite medical officer. To obviate these objections, and to secure efficient medical attendance upon

* Cyclop. Pract. Med.; art. "Scarlatina."