

II.

AN ILLUSTRATION OF A FATAL SPECIES OF SCARLATINA, LATELY PREVALENT AT PLYMOUTH, ENGLAND.*

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THE subject of the present communication is an impressive instance of the diversity remarkable in the constitution of particular diseases at various periods, and of the multiform sources of danger involved in them. The scarlet fever has not hitherto prevailed extensively among the general population, but has very much confined its attacks to the better classes; in whom, likewise, the most extreme mortality has taken place. Of seven cases which have come under the personal observation of the writer, one only was fatal; whereas, in the family of a surgeon-apothecary of this place, four who were attacked all perished, and in another family two died.

The absence of dangerous symptoms in this epidemic; its insidious progress, its rapid and unexpected fatal termination, with the obscurity which has confessedly overhung the causes of its high mortality, and the discrepancy of medical opinion here on the best method of obviating its ravages, concur to render the subsequent case not undeserving of consideration.

A. May, a fine girl, nearly three years of age, complained, on the 25th of March, of pain in the head, with retching, costiveness, and high fever, which was supposed by the mother to be the scarlet fever. Three days hereafter the disease is said to have

"turned;" no sensible pain or difficulty in swallowing was remarked up to the fifth day, but the head complaint continued, with some delirium, on this day. Costiveness, and perfect inappetency for food. Some purgative medicine alone had been used. On the sixth day, the case was first seen by a surgeon-apothecary, by whose directions a purgative was given, and a blister applied around the throat, which was remarked to be slightly ulcerated; no alarming symptom, however, presented itself. I saw her on the eighth day of the malady: slight fever then subsisted; the face was tumid, and of a purplish hue; some ichorous mucus flowed from the nostrils. Two ulcers were seen behind the tonsils, which were coated with viscid purulent mucus, devoid of bad fætor, and of innocuous aspect. She was disposed to slight stupor, but perfectly sensible, and struggled in the nurse's arms on being disturbed. Nothing appeared to forbid a hopeful prognosis. When seen again two days afterwards, she was in the act of dying. Stupor had come on shortly after my previous visit; the respiration became obstructed; dark concrete sanious mucus filled the nostrils, and much fætor was exhaled from the throat. Her whole aspect was that of one dying with oppressed brain and lungs.

Dissection, forty hours after death.

The abdomen and legs were very livid, with petechiæ; no tumidity; much gummy ichor in the nostrils. In the chest no pleuritic adhesions; no serum. The lungs were very much engorged and dense with black fluid blood, particularly the left lung,

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but no extravasation of blood ; no mucus in the air cells. The mucous membrane of the large bronchiæ stained by the congested blood ; no vestige of confined inflammation. The right side of the heart was distended with a large mass of fibrin. Some fluid black blood remained in the left auricle and ventricle. The liver was large and healthy ; the gall-bladder full of green bile. The spleen, intestines, and stomach, were natural, except that a tint of vascularity appeared on the cardiac portion of the mucous coat of the latter organ. The brain was engorged with black blood, and its ventricles held 3 iss. of bloody serum : its substance was dense. In the palate, deep behind the tonsils, on the verge of the posterior nares, were seated two large ulcers, covered with very fetid matter, like soft rotten cheese, but with no positive vestige of gangrene. The larynx and trachea were healthy. Marvellous as it may appear, the present is the only instance, in so far as the writer can learn, where an anatomical inspection has taken place.

With regard to the mode of death, and its immediate causes, it may be observed that a rapid transition from a state of innocuous disorder to one of imminent danger (which has characterised all the fatal cases within the writer's knowledge), seldom or never happens in the mode of direct debility, but is to be referred, on the soundest physiological principles, to the oppression of some vital organ. That such was the occasion of the fatal issue in the present case, is determined by the history and the dissection. The remote causes of the coma,

and the suffocation, were, I presume, 1st, the high eruption in fever, and next the fetid caseous pus which exuded from the ulcers in the throat, and obstructed the tonsils. Not that I conceive the local disease to have been a merely mechanical impediment to respiration ; the morbid secretions may have had a poisonous influence on the pulmonic nerves, and thus have suspended the vital action in the lungs. As all the fatal cases exhibited similar phenomena with the present, except that in a few there was less of febrile excitement and earlier stupor, analogous to the congestive typhus, it may be concluded that in all the immediate causes of death were the same.

If this exposition of the pathology of the recent malady be correct, the most successful mode of treatment cannot be obscure, i. e., decisive antifebrile remedies in the outset, and towards the end severe counter-irritation on the skin, with emetics. The capsicum gargle has been deemed by some to be of specific virtue, but in the writer's experience, the deep corroding ulceration in the throat has been always attended by strong febrile action, and been checked by general evacuants. Moreover, the unquestionable oppression of internal organs, by sanguineous congestion, most certainly contraindicates the use of excitants, such as were specific in the malignant ulcerous sore throat of former times.