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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 dyspnœa, 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 dyspnœa; bright redness on inside of mouth and fauces; pulse 160, very feeble; discharge from eyes and nostrils. In the evening the dejections 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 anasarcous. 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 dyspnœa 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