

Original Communications.

SCARLATINA, AND ITS TREATMENT.

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THE recent prevalence of scarlatina in the metropolis, and in many rural districts, has called attention to the treatment of this disease.

Unfortunately the term scarlatina, derived from the Italian word *scarlatta*, has induced the public, and sometimes even medical men, to look upon the scarlet rash as the essence, rather than a symptom or merely local manifestation of this disorder.

Scarlatina is the effect of a certain morbid poison received into the blood, which has produced an infectious and contagious disease, and the scarlet rash is a means of elimination which nature adopts to rid the system of a noxious agent.

One of the generally received doctrines of physiology teaches, that when a poison has entered the circulation, a specific effect follows, and that a certain distinct process is required for its excretion. The specific effect of poisons is very evident. Lead always produces muscular paralysis, mercury ptyalism, the poison of measles never fails to produce measles, and the imbibition of the poison of scarlatina is always followed by scarlatina. That a distinct process is required for the elimination of a poison is equally manifest. We see the selective affinity which the poison of typhoid fever has for the solitary and aggregate glands of Peyer. The skin, the conjunctival and bronchial mucous membranes, are the chosen emunctories for the poison of measles, the poison of scarlatina is eliminated by the skin, the tonsils, the pharyngeal mucous membrane, and the kidneys.

Much misconception has arisen from the use of a number of terms relating to one disease, such as *scarlatina simplex*, *scarlatina anginosa*, *scarlatina maligna*, and *scarlatina latens*. These variations of degree, not of kind, confound the student and impede a clear knowledge of the pathology of an important disease. All these various effects may, doubtless, be traced to the intensity of the poison, the condition of the patient at the time of infection, and the hygienic means made use of to facilitate the excretion of the materies morbi.

The treatment of scarlatina, therefore, resolves itself into a problem. Given a patient infected with a certain poison, it is required to promote the elimination of that poison *tutò, citò, et jucundè*.

There is no antidote for the poison of scarlatina; nor can the disease be cut short.

In a large proportion of the cases, which come under the notice of the practitioner, little or no medicine is required. Sydenham cautions his reader as to the *nimia medici diligentia*. We are merely required to place the patient in the position best suited to facilitate the elimination of the poison; and, though by the absence of officiousness, we may seem to deserve the sarcasm of Voltaire, "that the doctor stands by and amuses whilst nature cures the patient," we must, nevertheless, remember that we are the assistants, not the substitutes of nature.

About eighty per cent. of the cases of scarlatina will be found in children. In accordance with the principles of treatment enunciated, the patient should be requested to remain in bed, a temperature of about 65° Fahrenheit being preserved, the diet consisting of beef tea and milk, with cold water to quench thirst *ad libitum*. As it is needful to yield somewhat to popular prejudice, the practitioner may prescribe a little acetate of ammonia, or if the epidemic be of an extremely dynamic type, some sesquicarbonate of ammonia. Under this mode of treatment the majority of cases will be convalescent in a week or ten days. But if the poison has been more intense, if the patient was delicate and the *vis vite* diminished the cutaneous excretion of the poison may not be sufficient. The tonsils will now be seen enlarged, and the mucous membrane of the fauces injected, and of a bright red colour; patches

of lymph will likewise be visible upon the tonsils and palate; if these be removed, depressions are evident, showing ulceration; in fact, there are all the phenomena of inflammation in a mucous membrane.

The indications of treatment are now of an active nature—counterirritants to the angle of the jaw, as blisters, or the application of the thermic hammer, together with the free use of a saturated ethereal solution of nitrate of silver to the tonsils. The use of leeches is contraindicated. If the blisters are applied in the early stage, the patient will probably escape an extension of the inflammatory process to the lining membrane of the Eustachian tube, and consequently also a troublesome form of otitis. The use of counterirritants, likewise, is the best preventive of that arachnitis which sometimes supervenes in severe cases. The patient should be supported with a nutritious diet, beef-tea, port wine, and the *mistura vini gallici* of the London *Pharmacopœia*—a useful combination of the nutritive and stimulant elements. In the use of stimulants, it is well to bear in mind the advice of Ovid—

"Data tempore prosunt,
Et data non apto tempore vina nocent."

In this stage, the use of sesquicarbonate of ammonia is beneficial, not from any specific effect, but solely because it is a diffusible stimulant.

Another feature of this disease arises where the kidneys are chosen as the emunctories of the scarlatinal poison. Anasarca, the result, as shown by Dr. G. Johnson, of acute desquamative nephritis, usually appears about three weeks from the commencement of the disease. In the majority of cases of scarlatinal dropsy, the cutaneous eruption has been slight, and consequently the patient has been exposed to cold.

The great object of treatment is to relieve the renal eliminative action. This will be best effected by free purgation. Full doses of compound jalap powder are very useful; but, at the same time, the patient should be supported by a nutritious diet, and small doses of tincture of sesquichloride of iron may be administered with advantage; for we find a great destruction of the red corpuscles of the blood, and experience has shown that preparations of iron promote the formation of these essential elements of the blood.

The prevailing adynamic type of diseases clearly requires that the old antiphlogistic system of treatment should be repudiated: therefore, in the treatment of such an asthenic disease as scarlatina, the bleeding lancet and mercury may be safely omitted.

How conducive to the advancement of medical science would be the adoption of a *rational* mode of treatment! How injurious to the scientific character of the medical practitioner is the use and laudation of *specific* remedies!

CASE OF STRANGULATED FEMORAL HERNIA.

By JONATHAN WYBRANTS, M.B., L.R.C.P., Shepton Mallet.

ON Monday night, January 31st, Mr. J. F. Cartner requested me to operate on Ann Padfield, residing at Holcombe, for strangulated femoral hernia. The hernia had not been reduced for upwards of six years, and had become strangulated twenty-four hours before my arrival. The patient was 56 years old, and debilitated.

Mr. Cartner having used the usual means to relieve her, and the symptoms getting worse every hour, I proceeded to operate, first putting her under the influence of chloroform. After opening the sac, I found a large piece of omentum, which had old adhesions, behind which was a large knuckle of intestine. I carefully dissected and removed one ounce and a half of omentum, divided the stricture, and returned the intestine into the abdomen.

It is plain enough that the omentum had formed the hernia for six years; and that, when the intestine became protruded, symptoms of strangulation came on. The sac was so tight that I could not take hold of it with the forceps, and was obliged to use the knife. This was no easy matter with merely the light of two small candles, and with several large veins passing over the tumour.

Mr. Cartner gave forty drops of laudanum immediately, and twenty every four hours. The following Sunday, the patient had a motion, and has been doing well since.