Observations

on

Scarlatina

by

James Bannister

March 31st 1852.
Having lately occasion to witness a severe Epidemic of Scarlet Fever, as it occurred in the Town of Selkirk during the whole period of last Summer, and having professed a favorable opportunity of carefully observing its origin and progress, and of minutely investigating many interesting and instructive points in connexion with the Disease, as it presented itself to my notice, which came under my notice, it is my intention to dedicate the following pages of this publication, in the calm and deliberate consideration of the whole subject of Scarlet Fever, trusting, that the observations which fall as the result of experience, however limited, may prove a faithful and accurate account.
account worthy of reception.

I found any important doctrinal views upon so limited experience so
drawn from its hypothetical conclusions differing from those of able authorities
whose opinions are high and justly estimated, would be obviously pre-
sumptuous. This is not myitian. Any such object in bringing forward
the subject is to narrate those other
observations and matters of fact calculated
by illustrate the views, establish the
doctrines and confirm the practices all
which have been more or less universally
acceptance and adopted either
by being taken, however, to discuss
points and deliberately those major
points, whose diversity of

Having offered these explanatory remarks, I shall proceed to
lay out the order (as nearly as possible) in which the subject will be taken
up—viz.

as follows.
1. An Outline of the Origin and for
   gress of the Epidemic of Scarlet Fever,
   as it appeared in Feltham and its
   neighbourhood during the Spring and
   Summer of 1857 — the followed by
   some General Remarks on the Primary
   Origin and Supposed Nature of the
   Poison, which gives rise to Scarlet
   Fever and its modes of propagating
   that Disease.

4. The Effects of the Poison when
   introduced into the Human System
   in other words — the Symptoms Presenting
   Themselves in the Different Manner,
   Varieties of the Disease.

14. Its Complications and the Intern
   tional Effects of the Fever or the In-
   duction of What are Called its
   Sequelae.

14. The Principal Indications of
   Remedial Treatment of the Disease
   its Complications and Sequelae.
During the Month of April (1857) and the preceding months, the Town of Selkirk was considered healthy in spite of much variable cold and stormy weather. Subsequent to these atmospheric changes, which are common in spring, in situations at slightly elevated places and with the exception of a little rainfall, the weather was upon the whole favorable. It was at this time that Scarlet Fever made its first unexpected appearance by attacking, simultaneously, three families, living at some distance from each other in the Town. In one of these families, all the children—six in number—became successively victims of the disease, which affected two of them very severely. The two children of the second family, both under three years of age, took the disease—the eldest, the only living son, died without recovery, the only child—six months.
Month the old of the third family who lived in another part of the Town, was seized with typhoid fever, which also proved fatal in this case. The disease next appeared in a family who lived a mile and a half distant from the Town and whose communication with it was entirely cut off. Here seven out of eight, including the mother, suffered from the disease. Of out of four of these cases, which proved typhoid in their nature, three deaths resulted. No particular inquiry further into this virtual cause of the disease in current any rapidity after its commencement. It was not observed to localize itself in any particular localities and gradually spread from the house of another in its neighborhood. So far from this, the epidemic diffused itself widely and rapidly over the whole extent of the Town. Various sections of it appearing the scoriated alike were at one and the same time. Again, it was particularly observed that those close restrictions which many parents put upon their children by separating
leap ing beyond the bounds of contact with others, who had either been directly infected or had mingled with the diseased. Keep these instructions, just as appropriate as they were, proved a guarantee for their preservation and safety.

Their constitutions were all proof against the infectious principle which pervaded the atmosphere throughout. Only this statement select the three follow ing instances—The first was that of a merchant who lived at one end of the street and who, from the first contact of his only child at home and carefully sequestered her from any intercommunication with others; this strange story, she was the first to take the disease in that quarter, and all the others were child. The suffering began from secondary symptoms. The second was that of a gentleman whose residence was situated above an elevator at some distance from the other extremity of the town, and although the prohibition to children from overstepping the premises...
of the private abode, the chief sufferers from scarletina in the town of Aughsta-
and that too in spite of the frequent admin-
istration of Belladonna globules.
The third instance I have mentioned was that of another private individual, whose family resided nearly two miles from town in a fine healthy situation, yet their health,
exclusive of the children, from the disease—only rose this time.
She suffered from a second and more
severe attack about a month later—
went to complete convalescence from
the first.

Another feature of this epidemic worthy of
being observed, was the inviolable relationship
between the sudden changes in the atmosphere
and the condition of the disease. Not only in
respect to the numerical increase of attacks
in the scarletina patients but also in reference
to the different effects the disease assumed.
At the commencement of this epidemic, the dis-
ease was very frequently of a lymphoid
nature, demanding the use of powerful
stimulants, but as the season
advanced...
advanced and the temperature of the atmosphere increased. It appeared to return from the previously inflammatory, in conjunction with the rapid increase in the number of persons infected. In July, abundance of rain fell for a few days following by high winds, which effectively cleansed and sanitized the atmosphere and checked in some measure the progress of the disease and in as small degree diminished its intensity and virulence.

This alleviation was unfortunately however of short duration. At so distant a spot a fresh manifestation was given to the existence of the disease which not only broke out with novel vigor and intensity, but was likewise accompanied by inflammatory effects. In its was especially observed, that in almost every case which occurred at this stage of the epidemic, persons died the same day. The disease became grievously affected, either during the existence of the primary fever or at the commencement of
of convalescence exhibiting symptoms of the most decided inflammatory nature. 

On inquiring the patient consulted by every remedial means of treatment. A fever 
sought and characteristic could not 
be overlooked. Some complained both 
the air circumstance. That, at the Commerce 
beginning of the Epidemic. The disease of the 
air was slight and effective for 
which no published account or care occurred. 

In charge for the better part place to the 
Epidemic, with about the beginning of 
October. When the beginning of 

the Epidemic, the disease became evident, 
and from that time the disease spread 
by the wind and swelled as to 

taneous with a particular situation in 
the State of the state of health Constitution. 
The disease was as a whole confined 
to the Town. It was almost upon some 
case families living in the highest 
within two miles of the Town 
property in the direction along the line 
ings of the ocean. Extensive at the latitude of 
20 miles. In connection with this fact
Of the subject, the principal facts are, that during the January, Scarlet Fever prevailed in Wicklow, then affected forty five cases from Enniscorthy and Rathcorme the two greatest towns in Wicklow. In the latter, whose population is double that of Wicklow, only two instances were observed of its occurrence during the whole period of summer.

The disease was almost solely confined to children, for in Oughterath the extensive accounts which Carefully Gasper, I think not the best agency of those who suffered from it have under the age of six, while beyond that point, the relative number of its fatal incidence increased in proportion to their advancement in age, up to that of fifteen, and there were only two instances of its occurrence in individuals who had exceeded that age. In my view, however, as worthy of observation in reference to the limited number of adults who were affected with genuine Scarlet Fever, that during the first two months of the epidemic.
and occasionally afterward, some infec-
tions did not cause any diarrhrea among adults and there doubtfully
be entertained of the same picture of
these cases, that is to say, whether they
were scrofulous or not, the whole
chain of evidence, when combined, ins-
ufficiently indicated that they were local
complaints producing secondary or symp-
tomatic disturbance in the system.
At least, a marked line of distinction
could always be marked between such
cases and those of pulmonary scrofula.
Occurring, however, most of those cases,
and the same time it is almost impossible
on reasonable principles, that the
same scrofulous cases which came down
to the one class of cases, just as naturally
to the production of the other.

The main points of interest
and importance connected with the
history of this epidemic are as follows:

1. The sudden and unaccountable
arising of the disease

2. Its rapid diffusion over the
While Town — immediately following its Intinction.

1. Its Introduction into many Families in
spite of all the appropriate preventive measures employed.

2. The remarkable relation observed
between the evident changes in the atmospheric Constitution and the variable conditions of the disease, in respect both to
its limitation or extension and to the typical forms it assumed.

3. The occasional prevalence of acute
inflammatory affections of the throat in
Adults, during the summer of the Social
annual Epidemic among the Children.

4. The limited sphere of the Epidemic
Influence, which acts solely within
boundaries of this particular District.

5. The constant in the Communication between it and the several Villages
and Towns surrounding it.

The Summary of Evidence from
regarding this Epidemic Disease Ether
Birds, their Operation of Atmospheric
Agent, in the diffusion, if not the Propagation of Scarlet Fever and the
Scarlet Fever.
Excuse me of its influence in the variable progress as well as the different forms of the disease, but in the whole subject bears some or its reference to the general African or American, generation and propagation of Scarlet Fever, the origin and diffusion of its poison. It leads to give a general view of the different forms of Scarlet Fever. It is maintained upon this theory by various authorities. It was at one time very generally supposed that Scarlet Fever was a sickness due to germs of some universal origin. The heat of the body, generated within the human body, is dependent upon internal agency; but few at the present day subscribe to this opinion. And the universal belief now is that the disease is dependent upon its various forms, is the result of a few diseases, action, excited in the system by a peculiar morbid state of matter or specific poison, introduced from without. It would be beyond the limits of this paper to assign its detail.
detail respecting the summary of evidence
upon which this belief is founded, it
is more necessary this for the facts
since the Doctrine of the Dependancy
of Scarlet Fever upon a Prehilius
for, as its proximate exciting Cause,
is now so universally admitted and
so generally acted upon.

From the careful analysis of millions
and of the multiplied instances of the
extension of scarlet fever as it ordinarily
occurs as well as from the histories
of the diseases on its Extension from
the cattle back in the grounds of
some retarud prehilius intensity, which
segregates the de ductive power of producing
in the extending the disease. I then
quote this remark — Let not assistance
as is frequently the case — that a healthy
individual visits at some distance, a
friend labouring in the scarlet fever, and
nates the same diseases at some period
sooner or later belonging to his neighbourhood
the question comes then — was the attack
merely a coincidence casually, or was
At the result of the constitutional, by which
new means the balance poison from
the sick to the healthy person? It
occurred again. But this individual,
who has been taken the disease, came
during his illness to a house or room with
a family of children beside—say they
were previously healthy and that sub-
sequent to his illness, they became the
definitely affected with the same dis-
order. Was this brought on accidentally or
in some other way? Is the result of the
communication of the specific morbific
principle? Let us suppose
that Scandinavian break's out in a gen-
able healthy town or district in the
epidemic form—effecting, alone and
the same time, numerous families in
different Clares of Society—is it possible
that all the advantages to the Scandinavians
are one matter. If the epidemic or
occurrence of the disease was a new case
half, or was it connected with the dif-
fusion of the specific morbific agent, which bee-
not the same disease in many in

vidently
individuals at the same period? If these instances were the sole result of coincidence, the tables in ethical coincidence of similar cases occur so frequently, or are indeed less reasonable to prefer, as to other rational explanation can be given. The existence of an external Propitious Agent of such nature that might be a second inherent power or the condensation of the Science in the Human Subject? But one may not only draw the inference we possess demonstration for of the existence of a Staristical Power by means of a Rec-collection. Then, among many Sir Richard von Hoole, in the Life of

Living in a Hillock form of Scull from calculated annual death children with the name of the deceased, which sometimes appear in such decease: the result was in many instances successful. The Science was produced, but not fortunately within a Hillock form, for it proved to be as common as an ordinary Spontaneous Case.
We may, therefore, with safety, state our belief in the existence of a skeletal poison. The next question, which naturally arises, is—What is the primary action of this poison? Whence does it originate? and what is its nature?

Although our present knowledge on this subject is very imperfect, it will not be out of place to make several remarks of the various opinions held by different authorities of different ages. Thus, it is believed that a disease known and described as a distinct disease, it was supposed by many coroners—like other forms of vitiated state of the fluids of the human body—health, long regarded as balanced by the maintenance of a moral condition of the vital fluids; but if these chance by any cause, there is a change in their quality or delicate form.

The immediate result was the usual symptom of a skeletal effect, which from its peculiar nature, characterized by a class of symptoms, which, after a lapse of time, is called in the gradual removal.
Monarch or Element of this Infection as some Morbid State was termed by the Orientals, but few physicians of the day doubted as to this doctrine. All, notwithstanding it is still a popular belief that fevers, more especially the eruptive fevers, may be traced in the blood in dependence of any constitutional agency.

A brother doctrine, however, which had been previously promulgated in reference to the disease of the kinds, was also affixed to account for the origin of scarlet fever. It was maintained that this disease, like some of a similar class, originated from some peculiar state of the atmospheric air. The exact nature of this condition of the atmosphere was not known, but it was supposed to exist at certain seasons of the year and produce a deleterious effect upon the human constitution. This doctrine was mainly founded upon the supposed facts that scarlet fever occurred only in the epidemics from the certainty of the year, but of most accurate description of this disease would lead us to suppose that.
Not such was the case. Thus, its first appearance in Europe was announced in Spain in 1610, where it prevailed in a very severe and violent form. It is said to have originated in Naples in the year 1618. About the middle of the 17th Century, Prosper Dom Hanes discovered the Disease as it prevailed in the Epidemic from the Piazza at that Period. In 1689, it first appeared epidemically in London, both in the rich and poor, more especially recorded by Sydney and Morton. Subsequent to this Sydney, Stillingfleet, Withington and others have faithfully described the Epidemic occurrence of the Disease—characterized more especially by Typhus Fever. Hence cannot the doubt however, that although many instances of Epidemics of Scutis Fever were faithfully and accurately detailed, our vague and unsatisfactory notions were mistaken. Regard them in the first instance.

It was frequently, for instance, confused with Measles. St. Proctor in his work on titled "De Morbillis et Peste Scalatoria"
Vulcan Scutus Fever with measles and
descended them both under the Common
Enemie Name of Morbilli, without con-
sidering the former an Appear Natural
Cid of Measles. The identity of Scar
Vulcan Fever & Measles continued Oetra Praz
named up to the Period when J. Willis
Published his "Essay on Scabelatia"
1793, in which he accurately described
Scabelatia as a distinct disease.

Moreover, the different types and var-
ieties, which the disease seems to have in its Various Epidemic Histories, added
much to the confusion which is long
prevailed on this Subject, and can
it be supposed that under such Circum-
stances, even a small amount of accurate
Data could be obtained in Reference
either to the Mode of Origin or Cause of
Propagation of the Disease.

There is no foundation for the belief
once entertained by Some — that Scabelat
Fever originally sprung from Peralia
or a Specific Virus, generated from soil
or Accidental Circumstances in the Air.
Thus itself: be it not thing that the atmosphere in certain localities may become contaminated with the indications growing from animal or vegetable matter in the state of decomposition or decay, and thus form a source of disease. The origin of yellow or hemorrhagic fever in Malaya, as its exciting cause, is a manifest instance of this. But we have as proof of whatever of scarlet fever or any other form than originating in diffusing itself in this way, this is probably only the source viz. the atmosphere, which we can reasonably regard as the exciting agent in the origin and propagation of the disease from one specific poison of scarlet fever as also of the other hemorrhagic. Thus is not subject, perhaps, in Medical Science, involved in so much obscurity as the origin and nature of poisons differential, which we know to circulate the medium of the atmosphere and produce specific effects upon the human body when introduced into the system. Our means & opportunities for investigating are but limited and uncertain.
In certain, and the results from research
however carefully made are liable to
all those fallacies which necessarily
depend upon obscure or imperfect evidence.

When we analyze the respective
histories of various epidemics, it is often
with which periodic fever is in this respect associa-
ted - the symptoms, in each, being specified
by the same at all times - it seems reason-
able to attribute their origin to specific
exciting causes, which are primarily for-
matted in the atmosphere at the period
of their occurrence and rapidly diffused
from its medium. It is upon this sup-
position alone, that we can, at present,
with any amount of satisfaction, account
for the epidemic occurrence of many
diseases - such for instance as influenza,
a disease known to have very suddenly
spread very rapidly, and, with regard
to the first appearance of which, it is
obvious that "it is attacked at once and
depot over all Europe, spreading in a fam-
ily and descends a garden." Hooping cough
is a disease which often prevails among the

To add a small piece by Dr. Gregory.

J. W. Ashmead, by F. Barrows.
the Song at particular lessons, the first attack giving immunity from a second.

Small pox, on the other hand, which, although tins, appears to be once infected from
and spreads with extraordinary facility
over a certain district of country, the
Disease is creeping for a certain length of
time, attaining their height and
then gradually receding. — Readless and
the frequency observed to prevail epidemic
ally rather than 50 or 60 days later,
breaking out with great violence for a certain
time and then declining.

The same remarks apply to Small pox,
as is well observed by Dr. Joseph Brown
in his article on "Contagions." — Readless appears suddenly in the latter end of the
small pox is simultaneously attacked within
at the commencement of the Epidemic. But
it is not the end when the focus of con-
tagious exists. — Contagionate them: in its
Course, it manifests signs of Contagious
power; it also appears sometimes suddenly,
shouts gradually but long before
subjects susceptible of the Disease.
are wanting: No case are seen for some Months; and in the following Autumn the Same Course is recommenced and the Same Phænomena are dispayed. Whence comes the poison whilst this in Ubiquity, or does it twist Any Where? Such Phænomena - St. Beach suggests - Explained by some of those Diseases which are Contagious
and Effusive. a Suspicion that such Caused as Atmospheric, may occasionally figure there.
I have been informed by Various Acute Observers, that Scutell. Fever
frequently arises suddenly and rapid Epidemically in localities or Districts, where no Epidemic Cases have existed for a long Time, even for Many Years, and it is equally Certain, that at the Present Day Scutell Fever does arise suddenly and spread in the Epidemic manner in various Parts of the World, in localities where its previous existence was unknown, and where its first Appearance in the Human Subject could not be, in any Case, traceable to any previous exposure or communication; but since the Man of the Doctor, which supposes the original or
or primary production of the Potassic gas in the system itself; it is, on the contrary, more consistent with facts and reason to believe that the Atmosphere, in particular, possesses the inherent power of generating & diffusing a specific vital principle or agent, which, after its introduction into the system, produces those peculiar effects or symptoms which invariably characterize the Root of sand.

DISTINCT FORMS

The nature of the peculiar cardial principle, which invests the root of sand in the system, is still involved in obscurity. Many conjectures and arguments have been advanced by different writers, in favor of its annual or vegetable, its chemical, and its electrical action—all having much plausibility, but equally devoid of any substantial support. A more conclusive evidence is the microscopic action was formatted by Linnaeus, who was disposed to attribute all Epidemic Diseases to the incursive & devastating visitations of Swarms of minute insects—the phenomena usually...
Those of Wright, which appear & disappear without evident cause. Within late years Dr. Holland & Dr. Bursell have advocated this hypothesis, which is also accented by Dr. Williams. - There are, however, distinct and substantial reasons for the recent adoption of this doctrine; even the microscope, which has been made available in this inquiry, cannot discover any trace of animalcule or vegetable life, and it may be further objected against this hypothesis as Dr. Williams justly remarks - that the reasons, at which epidemics long times appear, are not always those most favorable to the development of animalcule life. Through the microscope, microscopically, the source of the attack, which sometimes appears in outlets, veins or the lymph of the resident justice of small fowls - where the respective poison of these diseases are experimentally found to reside - in animalcule forms or vegetable sporulce can be detected.

Another explanation consists in attributing its cause peculiarly to the electrical condition of the atmosphere - which is best found in Argentina. - This condition during
in the winds of some, to furnish the essence of that principle, which is ordinarily defined the 
epidemic constitution of the atmosphere —

It is not an unreasonable supposition that the Epidemic principle of Earth Fever is 
especially Chemical in its nature, and that in Epidemic diseases, it may arise from 
a general contamination or inflammation con 
nexion of the elementary principles of 
which the atmosphere consists. The pro 
duction of peculiar foreign principles in the at 
mosphere — chemical in their nature — may pro 
ably serve to explain, conjointly and in a more 
satisfactory manner than any other, the distinct 
-
ness of the specific symptoms of contagious 
Diseases, for instance, as also the great simi 
larity of the general Fever, as displayed in 
kind & degree, in these Diseases. In 
relation to these Diseases, there cannot be a 
doubt, that their prions differ widely in 
constitution or Composition. Although Chemistry 
has not advanced so far as to let their differ 
ent actions, which we already admit since 
their Effects on the system are specifically dif 
ferent.
tudent, nor has the Chemist been able as yet to analyze the elementary constituents of any one of them. Until Science furnish us with substantial evidence, relative to the constitution and elementary composition of these and all of them, we cannot, without some degree of assumption, advance to any further than conjecturing as obscure a subject as our present knowledge of which only amounts to total ignorance and uncertainty.

Although the several forms of poison may be considered immutable in its nature & specific in its action, there cannot be a doubt that it varies in its degree of power for we find that the sick, which it produces, ordinarily exhibits these distinct varieties and degrees, exhibiting different types in different epidemics—which phenomena are always desirable to know, and which are far explained in all cases by constitutional differences, existing or induced. This is in the patients thereby affected. In many cases, another age, sex, temperament, constitution, or circumstances of the patient can account for the varieties or types, the disease assumed, either during the same season or in different epidemics.
Having discussed, but imperfectly, the one important point which bears upon the primary origin and picture of the Scarlet Fever Poison, we now come to consider anything briefly its mode of propagation and communication. It may be observed in the first place, that the Scarlet fever Poison, once generated and introduced into the system, may be multiplied or augmented during the process of its act. in other words — that the disease has the property of multiplying the cause. This disease, if left to the Pic eas or those affected with it, will probably appear to explain its power of self-propagation or communicability to the healthy.

The fact of the Communicability of the Disease from the sick to the healthy is universally admitted at the present day and is almost by experience and daily evidence clearly testifying. The utmost care is the ordinary Medicine, by which this transmission
of the Disease, from one individual to another is effected. Let us suppose that a subject already diseased, or afflicted with the poison, with the body has received, during the course of disturbed action and ultimately renders 3, eliminates the poison, effluvium, which now circulates in the atmosphere surrounding the Patient. The atmosphere thus impregnated forms the channel for the further extension of the Disease. Any healthy and at the same time susceptible individual, who breathes this atmosphere, receives the poison effluvium contained in it. The body, in doing so, subject to the same disease action, becomes susceptible, a new focus, from which radiates the effluvium, thus, in turn, for the further propagation of the Disease. This is the Rational of the ordinary mode of communication & extension of Scarlet Fever. 

\[ \text{``The rapid spread of the Disease in Schools by frequent communication to healthy.} \]
Chances of families, whose children have returned home, labouring under the disease or during convalescence, the several weeks have elapsed from the point of dismemberment are among the more obvious proofs of its infectious nature.

Scarletina is also considered the a contagious disease—that is to say, the communicable by actual contact with the patient or with something that he has touched or some palpable matter that has proceeded from him. Also this has not been found as an ordinary natural mode of infection of the disease.

There is every reason to believe that the poison may come of the clothing, bed furniture and other articles which have been used by patients during the disease, which may make capable of infecting healthy individuals who may subsequently come into actual contact with them.

The disease has been likewise artificially produced by the inoculation of healthy persons with the infective matter contained in the pustules, which sometime appear in Scarletina patients.
Before concluding these funeral remarks, I may perhaps advert shortly to the following interesting points—viz: I. The period which elapses after the exposure to the influence of the poison, before it produces its specific effects—II. The length of time a person who has had the disease, is capable of communicating the infection.

With regard to the first question, we are entitled to believe that the period which elapses between the first appearance of the disease and the production of its effects, is generally of short duration, varying probably from 2 to 4 days to 10 or 12 days at furthest. During the epidemic which I have related, I met with an instance where the first symptoms of scarlet fever showed themselves exactly 23 hours after the exposure. The individual, a boy, visited his friend in a town, where scarlet fever was prevailing, between the hours of 8 and 9 o'clock in the evening. He returned to his home at some distance, and on the following evening at 7 o'clock, he was attacked with
with cold shiverings followed by fever, the
scarlatical eruption appearing two days sub-
sequently. For a week Paffo lay, she
communicated the disease to two children
who lived in the same house. Instances
of which there are many of the rapid
inception of scarlatical cases in habi-
tations where the scarlalive lather is thrown
by the among many children, shewing
the very brief duration of incubation
if we may so call it, of the poison before
it produces its distinct effects on the system.
Rotoar, in his "Clinique Indigene," states
this in a case in which inoculation of
the virus of scarlatica was effected
seven days elapsed before the ap-
garance of the eruption.

With respect to the second point,
there is much uncertainty. Some
appear to suppose that an individual
is capable of communicating the disease
from the first period of the ENGLISH
stage to the termination of its prostration
that is, so long as the body scholar B
refuse the Prohete Rhumei.
But the atmosphere thus contaminated by the patient's expired exhalations, may continue long, after recovery, to be the vehicle of means for the further propagation of the disease among other susceptible individuals. This Dr. Ellison instances a particular instance where aScarlet Fever patient was admitted, and that, although subsequently cleared and white-washed, for nearly two years afterwards all the children and young women, who were placed in the same ward, took the Fever.

I am prepared to consider the second part of the subject, as indicated at the beginning of this paper, viz. The effect of the poison when introduced into the human system—i.e. this word. The Symptoms of the Disease

During the Epidemic of Scarlet Fever, the history of which I have related—the Disease, throughout, exhibited three marked and very distinct varieties—

1. An exceedingly mild form, in which the generally appeared a florid eruption on the
skin, accompanied by a very slight inflamatory bubble near the tonsils & throat, nearly, almost in inapparent Scelatalina Simplicia.

2. A more aggravated form in which both
the skin & throat were decidedly implicated
by inflammatory scarletina agitativa of inflammatory type - Scelatalina Langrille.

3. A still more aggravated variety, char.
acterized by the severity of the attacks of
the throat, on which the whole extent of the
vicious in said, the general fever being as
thirice or agiphot from the beginning

Scelatalina Malacia

4. Scelatalina Simplicia.

With respect to the first variety or
milder form of the disease, I may, in the first
place, remark, that at commencement was
sometimes necessarily obscure, from the casual
nature of the febrile action. The eruption being
in these cases the first and frequent the
only symptom indicating the disease. In the
majority of instances, however, the precocious
symptoms of fever - as Agips, Cold Chills, Nausea &
Vice present, this always is a slight fever.
This continued from four to eight hours and
been executed by frequent pulsation, and well-stirred broth. The eruption generally appeared on the second dayynthia and more leuker than the third. This statement is in accordance with the observations of William, and Dr. Swendt, who remarks that “in the majority of instances the rash comes out on the second day of the fever.” The Dr. Collen mentions the fourth day as the average time of its first appearance. The rash became first visible on the face, neck, back and limbs, in the form of irregular spots. These gradually diffused themselves over the whole surface of the body, which in a few hours presented a uniform continuous fluorescence. When minutely examined, the fluorescence is found to consist of immemorably minute dots or specks, slightly raised above the level of the surrounding healthy skin. While, aloft, it first distinct, rapidly coalesce to multiply dots to form a continuous sheet.

On one side particularly, the eruption appeared first in the form of an exanthema, then that of a pustulose rash. Numerous circumstances unite patches during themselves into 8 hours, at different times, as...
The surface of the body. The Effusiveness generally presented a highly fluid and uniform colour, resembling very much the tint of a "white rose." The face, lips, and nostrils, the second day, were of a whiter hue.

It remained smooth and uniform till about the fifth day; after
its first appearance - when the fluid colour began to fade and a slight granular skin
broke became perceptible to the touch. By
then the fifth or sixth day, all traces of the Effusiveness disappeared; on the face, neck, trunk,
frequent remaining as permanent on the lips and
nostrils of the third or fourth day. The present
tended to the chronic and chronicatory course of
the Effusiveness, as occurring in this variety
of the Disease.

The affection of the Throat, in this variety,
was so trivial, that many patients never even
feigned a fit itself. The tongue, however,
was always swollen and of a slight inflammatory crust, which sometimes
diffused itself over the mucous membrane of
the Throat in front, and over the upper
behind. The tongue usually prolonged itself
degree and move elevated on its surface. While the glands of the neck always present a hard, knotty character, the smaller ones are crumbling. The feet, globular, stout. The tongue, at first smooth and clean, usually becomes slightly furry with white at the beginning of the second day. About this time simultaneously with the first appearance of the cutaneous efflorescence — the papilla of the posterior portion of the tongue become enlarged and elongated and present a red shining aspect. This rests anteriorly along its center & side, and gradually but rapidly, minute minute spaces are seen to change away white, this the white fur, in which the appearance is as it were, incubated. About the fifth or sixth day (7 of the fever) the fur, originally white, becomes of a yellowish gray color and gradually cleans off so that the white tongue脱颖而出的其本质部分 copper, now presents a universal scarlet red. The numerous papillae also appear much more prominent, bright in color. The edges & center of the tongue usually remaining at the same time dry through the appearance of the tongue, as well as
Three of the throat, inside between the fourth and eighth day, when the general phthisic excitement, which is ordinarily always slight, is fortunate to the amount of severity of the local symptoms, also lasts. From this time, we may also state the period of degeneration or disappearance of the cuticle in the form of scurf or minute scales, which follows the decline of the exfoliation.

II. Scarletina Anginoso.

The commencement of the disease in the second variety was invariably marked by the appearance of well-marked phthisic symptoms, such as the following: Rigors to the Chills once or twice during the night with irregular elevation of heat, which frequently terminated in a profuse flow of perspiration from limited portions of the surface of the body as from the forehead, face, limbs; or probably the result of the irregular distribution of the blood throughout the system generally. Rashness, often remaining constant for two days and frequently breaking out at times as the hectic fever is advancing, as symptom less or in the form of the Measles form. The fluid exuded presented a yellow, jaundiced yellow or in some cases

39.
a dark from colour. The intestinal evacuation at this period, was, likewise, of a brisk or hectic type, the colour and complexion being of a jaundiced odour. She was probably the result of primary disease of the liver. The accumulation of bile in the stomach and intestines. The cause of vomiting was accompanied from the first, with marked debility of the whole system. Prostration of its vital powers—indicated by the absence of the nervous and muscular systems by the full, sometimes singular action of the heart. Reaction in the circulation soon follows. The pulse becomes quick and full—the nervous muscular system becomes excited. Thus is headache, and— as is generally said—a sense over the whole body. The functions of the different organs are all disturbed. The perception of the absence of sleep, of fever, loss of appetite, dryness and discomfort of the stools, alteration in quality of the biliary, renal, and intestinal excretions. These deviations from the natural healthy standard all indicate a disease process action, essentially characteristic of want of vital force and of want of tonicity.
The cutaneous eruption in this variety did not exhibit the same degree of regularity as in Scarletina Erythema. Its appearance was often delayed till the third day, after the occurrence of the febrile symptoms, and although at a general rule, it appeared over the whole surface of the body — to some instances it was mainly confined to the legs, arms, back of the hands,— the eruption often became very rough & prominent on the third day and usually continued till its decline; and this accompanied with an unnatural degree of sensibility of the surface, caused much burning & pain. The roughness, which was quite evident on the third day appeared to depend upon the circumstance of the different points of efflorescence becoming hardened & prominent at their centre, which, under close observation, by aid of a lens, were seen as minute specks or dots of a pale yellowish white colour and from which exudate could be obtained.

In five very interesting cases, it was observed that the cutaneous eruption presents a very peculiar appearance — in fact it...
afforded the vesicular form an occurrence somewhat rare in scarlet fever. In one of these cases, when the other symptoms of scarlet fever were well marked, the cutaneous eruption was wholly vesicular. In the other, the vesicles appeared in despite exception between the third and fourth day of the ordinary scarlatinaceous efflorescence and were distributed here and there over different parts of the body—being most numerous on the abdomen and extremities. When examined, these vesicles were found to be of a nearly globular form. They presented a pinkish colour; and, at small size, they could be readily seen to contain a clear, thin, serous fluid, which coalesced on the second or third day to form minute scales, which peeled off during the courses of desquamation.

Although the cutaneous eruption, in the Venetian fever, can be distressing to the patient, the accidental affection of the throat was of a more serious nature. In the majority of cases, the throat became supplicative, previous to the appearance of the rash upon the skin. It was frequent by the symptom first complained of: the
course, which this local affection ordinarily presents, may be stated as follows:—It generally commenced with a slight itching of the Forehead, which gradually extended over the cheeks in front of the Pteral. This was accompanied by a considerable swelling, originating which was frequently confined to the Forehead. The surface of which, as the inflammation increased, presented a more lively or yellow colour, characteristic of suppurative inflammation. These were cases, however, occasionally occurring in which the colour became gradually, thicker and more intense till it assumed something like the appearance of claret wine. In a day or two, small purplish white patches of coagulable lymph appeared from the inflamed mucous membrane were frequently seen on these on the surface. In these, in one case, small ashenous elevations appeared on the surface of the inflamed swell form. I knew that these superficial elevations belonged & depended to the soft structures. During my obstinate
real and difficult to cure. In some
still more aggravated cases of Calcinuria
Pyrogenia, the local inflammation was one
acute and highly advanced, or suffuga-
tion of one or both testicles, terminating in
atrophy and impotence.

The primary form, in the milder cases
of this variety of Calcinuria, retains a distinct
character throughout and affords constant
time of alarming. It is generally heightened, however,
by the appearance of the cutaneous eruption
and the accession of local inflammation of
the throat. During the first two or three
days of the eruptive stage, it is frequent
to observe the generalhood of the
inflammation, on the one hand, and the
severity of the cutaneous eruption, on the
other. When the throat
first becomes inflamed, the general
incrustation becomes febrile and the local
inflammation advances, so also does the cir-
culation, is even in strength and frequency.
At the same time, the local inflammation
The above theme will be the same as in 

At this early condition of the case, we have 

the certainty of the local inflammation in the throat, though in some degree symptomatic of the latter, cannot be in doubt; on the other hand, that it is in a great measure, in some cases cut 

gether, in fact, in the sense for the frequent 

observe, that the frequent fever assumes a 

decidedly inflammatory character previous 

by the attainment of any amount of local 

inflammation in the throat. The chief thing is 

amount to state and acute as would lead to, 

be the cause of, though a degree of fever. This is particularly observable in 

some epidemics of scarlatina fever, as well as 

at different periods of any one epidemic. 

Thus, in the stage of the history of the epidemic 

occlusion, the primary fever exhibits a local 

markedly inflammatory fever previous to the appearance 

of any appreciable amount of throat affection. 

this—while later on, as is the case in many cases of it, the 

general fever epitomized in the system, must 

be considered independent of any local 

affection.
affect the brain or the throat, both which are acted on specifically by the
Scarlatinal Poison. At the same time, we
must admit, that, whenever these are really
severely involved, they react, as it were, on
the circulation and some materially to in-
crease its excitement.

In this variety of Scarlatina and particular
cases, when the fever is of a more inflammatory
character, there is usually a Hereditariness of
rash an disorder in affectation. The poison, which circulates in the system, without
doubt, acts directly on the brain and causes
that resembling delirium of low frequency, so
frequently observed during the periods of
repose and which continues itself through
out the whole course of the fever. This fac-
tullia delirium is always junct in Scarta-
ticus Augiiosis. Frequently in the Scarlatina the
fever and does not indicate the existence of
any inflammatory action in the brain. In
the more serious Cases of Scaraniosa, in which
the fever is ethmic, the brain becomes more
accent. Involuntary, not merely as the direct and
immediate effect of the poison, but mainly
in conjunction with a local inflammatory
action lighted up either in the ears, itself or in its tumours. This local con-
junction is indicated by a grave, active delirium, flushing of the face, suffused red-
ess of the eyes, nausea vomiting, acuti-
us, dull, heavy pain in the head, fits of con-
sulsion of the longer or shorter duration in the
latter, recurring frequently. The convulsions
ultimately terminating in complete coma and
death which usually takes place in such in-
cstances between the third & fourth day of the
fever. During the Typhus Epidemic, two
cases were observed, in which death occurred
from acute head affection at this early period,
viz. on the second day of the fever and in both
it was preceded by delirium and convulsion.
The Typhic character of the Fever does
not generally continue throughout the whole
course of the eruptive stage. On the third
day it frequently exhibits its first tendency to
change its type and gradually becomes one
of left asthenia, as indicative of a more fee-
ble & consumable state of the blood. It may
at the commencement in many cases, as Edmund
The administration of stimulants. In others, however, the gradual but insidious corrosion from the ethereal to the subtle, evanescent character of the fever is evident. The strength of the pulse becomes accompanied by rapid production of the Vital Power. This tendency of the fever to the evanescent type is always found in connection with the subjacent vital atrophy consequent upon the acute inflammation of the throat, as also of the lungs of the chest, and are always greatly complicated by the presence of scrofulous angina. During the period of scrofulous or angina of the throat, the Vertebral fever becomes aggravated and assumes a character very obvious to the sight. Thus I mean scorbutic ulceration that is such case, absorption of phlegm and matter. This place, whereby the system becomes re-increased, as it were, the finding fever is attended - the fever becomes quicker, smaller, thinner-like, the Vital Powers of the system are further protruded, and the patient's skin sinks rapidly under the pulse or fingers on the life. Perhaps it is with this knowledge, under the continued administration of strong stimulants.
The Third Variety of Scarlet Fever is that named under the Name of Scarletina Maligna which is next to the most variable & most liable to the complication of the most acute & fatal forms of the Disease. The symptoms do not assume that degree of fulness which generally characterizes the two other Varieties. This malignant character, however, is always well marked. It is frequently at the very commencement of the attack in some cases. These are in the opinion of the Emissaries the symptoms during the first two or three days differ from the former those of Scarletina Anginosum. They begin with lassitude, nausea, vomiting, either in the attack or those succeed the reactionary fever. There succeed the reactionary fever. Headache, general languor, muscular tension, depression. The child becomes stiff & frequent ad the second or third day, when it is emaciated a high temperature, in the appearance of the Inflammation which is the chief of cases, is diffused over the greater portion of the body, and assumes a deep red or a smoky red. This variety, however, can be placed upon the Inflammation of the symptoms, according to the time.
Of this appearance, the character of which is
palpable. The cutaneous eruption generally
comes out without appearance is often delayed
beyond the second day. The average period
being the third. The fourth is not an annual
day for its first appearance. I have seen it
delayed in two cases of the third day, and
after continuing visible in one case in the
other eight hours. This appeared very suddenly,
leaving behind a trace of its existence but no
slight taint of the surface. When the eruption
appears, itauer remains permanent varying
 uncertain in its duration. Often coming and
going eternally varying from 12 to 24 hours.
In some cases it0ddly dies a few
days after it comes out and either never
returns again or reappears three or four days
Ibsequent tal only for a short period.

Thereafter, after its first appearance,
apparently the eruption several times.

The character of the eruption is always
variable. In some cases, but especially in
those where the eruption occurs, it appears
abruptly intervals, it is just for a while it
turns being any paint. In other instances,
it presents a first a slight rise. Not that, which
soon changes into a peculiar dark blue tinted
in such cases, the efflorescence is never diffused
itself over the whole body, but is usually
confined to certain irregular patches on the chest,
about men or thighs. In the very malignant X
pitch case, the blue tumefied appearance is
large in circular, patches on the right chest
about men, thigh—remaining twelve hours.
On reading my suddenly from this side, it
appeared on the opposite side—then the
feeling being exactly the same, I felt appear
ance—In the very malignant B without
forms of this man, the tumefied does not
appear at all—the surface of the skin of
some a peculiar dark cloudy aspect—and
is below the natural temperature. It did
not feel thick or hard, quite softer like a thin
sheet spread over the body—none of them
rounded with others surrounding it, numerous
thick and column points whose centres present
a bright shining appearance of reflected light.
The sheet is invisible, affected
very early in this form of scarlet fever, and are
often the first cause of complaint. The

I believe.
inflammation and an interval of slight coma and rapidly terminates in alteration, sloughing and gangrene. Also, in the middle cases, the Purulent membranes of the joint, resemble a brown, thick, sticky, and fluid substance, in the most malignant cases, some little yellow exudate appears on the surface, without indicating the approach of sloughing and gangrene. Between the second and fourth day, small red-colored exudate appears; this is differentiated into the fibrin, often frequent, or the chyle. In the differentiation of the sloughs, unhealthy evacuation, thin or thick, are seen, surrounded by a dark, liquid base. These sloughs frequently extend from one or more tuberculous sloughs on either side of the joint, and in many cases the Inflamed soft tissues are completely destroyed. It happens, at other times, that the joint is free, or is involved only by the joint capsule, or capsule, and the surrounding joints, and is associated with any the joint capsule, or capsule, and the surrounding joints, and is associated with any
...orge under frequent to cause of death. The
viscous secretion which forms in large quantity
adhere tenaciously to the tissues near col-
llect. It may a degree as to threaten 
their danger death by asphyxia especially
in young children, since the little sufferer
already extremely debilitated, come within
the energy and the power to cough up the stick
that clear the throat for the free admission
thus into the lungs. To soon as the ignition,
laughing, long and coarse. Place the
mouth becomes extremely festering, an
inflammable and highly offensive discharge
ceed from the throat, which become initia-
tated and inflamed. It generally the
first column at first, but afterward
thick and blood and from its continuous flow
from the respiration of the throat, after life.
The mucous membrane of the throat is
also frequently highly inflamed, and comes
over with small aphthous ulceration. The
viscous and thick columnate secretions, which form
chokes of the life, the lungs of the throat, thus
causing irritation, secretion and ulceration
from the intellectual efforts to
Cough
couple of and discharge the cricoid thymusous
material, which collect in the Tumors. The subj-
ying patient swallows them; and, subse-
sequently, they act up from a source of irri-
tation, but quite a drug of turpentine in the
mucous cavity in the heavily encroached on
the intestines. The stool are frequent, acidulous,
acrid, very offensive. The diuresis becomes constant, disturbing from every another Sense
of dulled and danger of the Saturation.

The inflammation generally extend from
the Throat to the Cervical glands. The pains
is from behind the bony part, irradiated with
the submaxillary glands. The inflammation.
journey rise to just swelling & enlargement. Fr-
quent to supedit the organization of structure.
between suppuration & sloughing. Sometimes,
its dangerous. The inflammatory action is
little restricted downward in the cellular
plane of the rectum forming rapidly
fistula. In the case of St. Maloja, which I
mentioned, the right maxillary glands became
the seat of acute inflammation. On the second-
ary of the Time, hand was spreadly the organ-
ized. The opening which was considered th-
to large aspect the whole hand was inact; in fact, as a whole mass.

Scarlet Fever is always characterized by some constitutional symptoms. In some it system becomes influenced by the true "fatty" fever. Scarce, an evident exhaustion accompanied by wasting of the skin. Fever, and along with this general prostration, the function of the different organs of the body is impaired. The general state of the body is a feeble state of the blood, and the state, more or less, of the character from the first. The heart action is retarded. The pulse is quite small and irregular. The heart is often covered with a thick film of the disease, it becomes affected. The defect of its function, its frequency and its irregularity is greatest in cachexia, while in health it is greatest in cachexia. The functioning of the brain is paralyzed; that the patient is generally quite insensible while awake. The tongue is thick, the lips are cold. The tongue is thick, the lips are cold, and the teeth, the tongue is thick, the lips are cold, and the teeth, and the brain is paralyzed; that the patient is generally quite insensible while awake.
just as the jaws, scrunched, & tongue. In the most malignant types, the
oral convolution is extensive — the pulse is
very full, irregular & compatible on
being palpable — its frequency ranging from
110 to 140 to 150 — The delirium may exist,
with tendency to coma — eyes unsteady, dull
& dejected — Conjunctiva suffused with
blood — assisted by - stains, marking dry — Tongue
dry, clean — Jaws with black Papilla
1st or black brown ting prominent — mental
abnormalities — Gastro-intestinal covered with
scabs — Dorsal furuncle — though a dangerous
disposition difficult — & extremely painful.
Jaws clenched with viscous, taraneous
secretion — constipation quite dull — Offended
black, tarry, hematemesis palpable — in death.
On the approach of total consciousness, the
signs & morbid symptoms are aggravated —
The pulse becomes quicker — more full — sickness
is more constant — Sometimes there is Carlking
the organism, leading to hemorhage from the
Nose, mouth and mouth — Petechial Pustules
appear on the skin — the Extremities become
Cold — the cutaneous Surface, which is generally
below
Scarlatina Pneumia. The acute symptoms of the variety of Scarlet Fever and the Pneumia is that in the Cold. The second day is followed by complications of a very serious character.

In the first place, in some few instances a first issue may take place within 24 to 35 hours subsequent to the inflammation, and the next day, without the display of any ordinary symptoms of Scarlet Fever.

The following is a case which circumstances will induce to the present. It was that of 12 years of age, one out of six of the same family, all lying ill of Scarlet Fever, who was attacked at 10 p.m. on the third day with violent shivering, low temperature, delirium, slight headache and vomiting. The pulse was quick, full, and fluttering from the commencement of the attack. On the seventh day I received an urgent...
Muscular energy became completely exhausted. The vomiting continued unchecked by all conventional means. Coma gradually supervened, the patient died at 102 on Friday morning—exactly 24 hours after the commencement of the illness. The occurrence of death at so early a point from the first invasion of the mind is consolatory. It may be observed here, that the rapidity of the fatal termination in Daniel's case was unexpected, being during some epidemics more rapid than in others—i.e., in Paris, for instance, that in malignant epidemic of Scarlatina, which devastated Paris in 1743. "Every individual who was attacked was immediately taken ill; many indeed within nine hours from its first invasion." In the majority of these cases where the patient lingered at home, from the first, when the first symptoms were visible, death was certain. The speed of the disease was, of course, dependent on the nature of the patient, which could adequately explain the cause of death. Prostration of the central system, as was evident of the disease.
Some of the illness can be understood, and even the small amount of prior effort, which is only occasionally shown within the ventricles, cannot in any way account for the curious picture of the symptoms of the apoplexy, the fatal termination. The pathological cause of death is thus often an important — although it is more than probable that the end. The extreme vital depression, exhaustion, and rapid death, are the result of the condition of the morbid brain, which, when introduced into the system, gives rise to a direct or indirect condition of the blood vessels, or otherwise proving a direct and immediate shock to the whole nervous system, not more especially the central. 

The ordinary acute inflammatory task effect is at so marked frequently as in St. Bathyrus, where the fever is of a much higher degree of blood vessels. The inflammatory action of St. Periopia is more liable to cause the violent death. In acute fatal cases characterized by active and violent delirium.
Membrane, Drunkenness, Convulsions see the
membrane of the brain—especially the pia mater
are formed any way was clear, the latter sometimes
giving some opaque appearance, owing to the
effusion of two to three minutes fluid mucin
The substance of the brain itself is studded
throughout with minute red spots and of
seems more or less was clear. In such a case,
the effusion of blood or even serous
fluid, stored, and that frequently confines
at the ventricle and base of the brain.

The fatal of the majority of
significant cases of scarlet fever is mainly the
manifestation for delirium of dyspepsia or Sausage
of the throat, congestion of the conjunctiva
hands and subsequent necrosis of the
lymph of carbuncle followed. In such instances,
death generally takes place between the fifth
and ninth day, but the fatal termination
may be delayed a fortnight or three weeks later.

The following description of the first case of
scarlet fever, which occurred during the Smallpox Epidemic is but the tri
very many of these fatal cases, existing from
some effect on the throat and head of the neck,
The case was that of a girl, aged 10, whose first complaint was sore throat. While on the second day became violently inflamed and swollen. The tongue at first took contact with a whitish-gray fur was now totally surrounded by its worst. Eversion became exceedingly dry. The tendons prominent galls also on its surface. The voice became just protracted & the person seemed a picturesque type. The pulse being quiet, small, feeble, no delirium slight. Diffusion of the eyes, intense intolerance of light. On the third day, the voice enlarged, the glands of the neck became swollen & indolent accompanied by a slight inflammatory shed on the surface. On the fifth day, a large slough separated from the throat followed from chronic rheumatism from the throat. The latter producing a peculiar yellow appearance. Diarrhea followed, fell the general symptoms became worse of aggravated. On the sixth day, the neck came enormously swollen. The chin over it exhibiting a swolled shining aspect as if engulfed: the right hand felt insensible.
Dr. Wilcox's note of Scarlett Rose & Sue Shuck.
When exposed to a most deniscous and
whirlwind charge, the palm became quivering,
smaller, more spindle-like, at the same time, a
enlarger, the patient now with a great deal of
hysteria occurred. A chill occurred. The
child sighed, and moved the contortions to
administration of strong stimulants till the
beginning of the ninth day. Then the chill
The solitary instance seems sufficient
in some the malignant nature of the scrotum
Duen's disease, its specific action in the
blood and its power
the constitutional effects to the comple-
plete combustion of the vital energies of
the whole body. From this case one may also
learn that toward the latter end a new spin
entered the circulation. The body became ac-
monulated by the absorption of unhealthy
2 malignant purulent matter, adding full
of the flame and lighting up into the air, then
and materially aggravating the already ex-
hibited signs.

Dr. Withering speaks of this painful
family subject thus, under the following terms.
"When the scarlet fever (marked by brown and the recovery of the patient) might have been suspected, the pulse still remained full & quiet, the skin became dry & rough, the mouth parched, the lips chapped, the throat was wasted, the tongue hard, dry & dark brown; the eyes were dim, they expected an就要 a fit for fortune increasing upon the least motion or disturbance. Thus they lasted for several days, nothing seeming to afford them any relief. At length so clear dark brown colored从前 the chagrin in greatest quantities from the intestines in ears or nose & continued so to the change for many days, sometimes this discharge was the appearance of so mixed with mucus. Under these circumstances when the patient felt better it was very bloody, but these generally began for a month or six weeks from the first attack and died at length of extreme debility."

Some cases of scarlet fever, especially of the acute type, do not exhibit a complication of the acute pyogenic character, admitting an effect of inflammatory affection of the mucous kind.
with. Its occurrence in adult females strongly suggests the disease. It is
very frequent and shows itself during the height
of febrile action. Between the fourth and fifth
day. This case belongs to attacks the smaller
than the larger joints, also the latter are
sometimes not early, affected alone. I have
seen the ankles, the wrists, all the fingers
of both hands, my hands affected.
This complication is accompanied by acute
depression, fever, and wasting.
Some diffuse swelling
with a cutaneous inflammatory ulcer confined
to the surface over the said joints affected.
The symptoms generally abate under the
prompt administration of Sirtides (Colchicum)
combined with Diaphoretics (P. Dr. E. Calomel)
and Caustics. Which I observed with this compli-
cation all occurred.

The joints may become far more seriously
infectious and affected — the affection of the
lining membrane, but secondary — the adult
purulent deposit. In relation to it,
Dr. A. Swett's remarks. In a few instances
we have seen the large joints included by
some retentive painful, but slow swelling
with
Gebt's Part, Pfad, M. Scarletin.
with evidence of fluctuation succeeded. The patient was discharged in a very short time. Subsequent, when speaking of the Proximal Anatomy of these joint cases, the same author states: "There are always marks of inflammation of the Synovial Membrane in the last case of this mine. In one examination, in which the wrist was adviced in the left wrist for both ankle joints, there was deposition of a fluid similar to the wrist joint, among the Carpal bones. The Synovial Membrane of the wrist & ankle was visibly redder than distal, but there was no lymph. We are therefore inclined to think that the Synovial formation in the joint may occur without Antecedent inflammation; and even in the case alluded to, we doubt the coexistence of inflammation; it is more probable that the joint which was adviced was not the consequence of the inflammation, but that the Synovial fluid was deposited from the blood in the same way as it is sometimes deposited in other parts of the body."

W. M. Thorne, Chiropractor.
Direct is most frequently found invariably \nattached in the Orbit. The Pneumous Membrane \nof various other seats may become the seat of \nprimary inflammation, which is sometimes \nso very serious that it endanger the life of the patient. Saccular \nDeath or, in the event of recovery from the \nDum, it impedes the progress of convalescence \nproductive, may be permanent injury and \nthis compost to the patient. End. \n\n2. The Pneumous Membrane of the Eye may become \nthe seat of acute inflammation, which, if not \ntimely checked, may extend from the \nproducing this organism from leading to permanent \nblindness, or it may change into the Chronic \nType, Causing "Wasting of the Eye". Such \nserious results frequently occur in thin unin \nfrustrated constitutions. I have observed \nthat the inflammation generally commenced \nat the inner canthus, or the edge of both \n lids and sometimes beneath its tran \nsual extension over the internal Pneumous Mem \nbrane of the lid to the inner surface of the \nconjunctiva. Thence over the part of the \neye usually visible. The this change is at first.
Tissue under pressure at other times gives rise, but eventually yields, yielding more prominent.

b. The inflammatory action existing in the mucous membranes of the throat may extend to any of the adjacent canals or tubes. Thus, the nasal cavities are frequent the seat of acute inflammation, accompanied by a change in size. It sometimes leads to permanent thickening of the Schneidman membrane and the partial or total loss of smell. Rarely, also, atrophic ulceration with destruction of the inner bone.

The growth sometimes involves attack on immovable objects through force, which have, on separation, circular excavation surrounding a large hollow base. Sometimes the wounds are salivary and wholly destroyed by continuous coughing.

Still more serious complications: the sudden occurrence of rapid gangrene of the growth, leading to the death of the patient. The chest, surrounded by it, is tenderized by inflammation. This universal and frequently fatal complication is said to occur in young, healthy, otherwise debilitated con-
Situation. Towards the latter end of the Fever, which, in such cases, exhibits the Rachitic Pituita Character. Studyullet two Eger. Famine, Writing & Quast to Case of this kind, where the progress of the local Affection was as follows:— The subject was a Child, 11. Thin in appearance, full in Constitution. She contracted Scarletia Anginosa which ran on the fourth day into the Bjeljina. When visiting her on the morning of the sixth day, found that hemorrhage took place from the mouth & the blood adorning very fine from the is the mouth & face. On looking into the mouth, observed a dark slough of the mucous membrane, in the left cheek. On the seventh day, the slough had enlarged & deflected into the left structures of the cheek, which was now further preceded a dark slough, greyish aspect. A small blood spot or puncture also occurred itself on the surface of this. same, mostly from the cheek to the mucous. Add to the tenth day. Attempting to detach the latter, to broke of it - slough - being adherent to the outer of it. The cheek had an exceedingly festive odor. By the evening, the
The first prick observed in the forearm led to the life of a young piece. It presented a dark and sappy surface, was deflected beneath the bark of the wound. The ensuing was circular, well defined, not surrounded by any dead or inflamed tissue. On the following day, the famous deep red spread to the life of the wool. The illness, while remaining its circular form, the chest was enormously swollen and its edges in appearance. This was not without an immediate destruction of tissue by a team of surgeons. Which dull appearance was not preceded by any accompanying rise of the red, inflammatory process, and was not associated with the use of niter (nitric acid being applied locally) for which purpose. The local pieces yielded with astonishing rapidity. A fruit portion of the chest became a mass of strumous and the child died on the ninth day. The disease, inflammation is very swift to extend along the or both cutaneous arteries and the internal car - ending in death.
ation and discharge of insalubr's matter from the
intestinal orifice, accompanied of temporary obstruct.
But the buffoonery may go a complete the
symptoms of the membranes of the gastro-intestine, escape
of the small com and the virulent diaphyse, with
opacity of the facial bone. I have seen the case
of this last unusual feature is that, the throat
was not slightly affected - while the membranes
themselves of the lacrimal were completely destroyed.
The small canicular bones with two circular
pieces of cartilage were extruded from the oc-
tinal feature subsequent to which a gummut
the change continued for three months. Then acids
flow. The patient has, in consequence, suffered
completely permanent loss of hearing.

The destruction of the facial inflammation does
arrow into the larynx. It quickly forms a compli-
cation which immediately dangerous to life. In many
cases inflammation may be accompanied by the
diffusion of a fluid coagulable lymph and
membrane of a false Membrane, with all the
symptoms of inflammation Lynn or the effusion
may be the buccal cavity, character, collecting rapidly
the pharyngeal sac. Larynx, 2nd ftting noise
in the larynx or inspiration, obstructing the free
breathing.
admission of air into the lungs & producing death by suffocation. The inflammation is liable to extend further than the trachea, affecting the bronchial tamponade them & causing a serious bronchitis, which, when occurring in young children, may in the inner forms of scarlatinic, frequent Jones first & laryngia, or again, the air cells may become the seat of inflammatory tenderness, either as congestion with or induration of bronchitis. The pneumonia may be acute, or more commonly that of a subacute & latent type. There is but little toward the later stages of the Disease or during the earlier period of convalescence. In those under six in obsolete constitution with a tendency to tubercular disposition in the glands & in the scarlet fever from croupous to this tubercular pneumonia an immediate resulting cause is the more in the disease of the lungs.

The inflammatory affection of the Vascular system is sometimes well marked. The scarlatinic eruption begins from about as far as the eyes can observe. Glandular affection, purity, a black tongue or with a fever. The disease is characterized by dysphagia.
a constant sensation of heat & burning as the
Patient generally describes it—and an intense
acute burning pain as if scalded—on defini-
tion—during the passage of food through the
Canal—

The Stomach is little the seat of inflam-
lation. When it is so it is generally of a labored
kind, enforcing quick frequent during the
after stage of the patients desire a prelum-
ning from the throat, which is in a great
degree, swallowed by the young children
instead of being expectorated—This char-
acterized by pain in the region of the Stomach,
Acridity, nausea Indigestion, sticking Motion of
food shortly after its introduction into the Stomach.
The Omentum of dark clove fluid inflating the
free ground—is sometimes observed to take the
particular when softening the flatus of it-

The same Acrid Matter—Which gives
rise—intensifies the flatus—Pain of the
Stomach—very frequently affects the in-
stituted Canal and Causes that peculiar
Diarrhea

[Signature]
Sewnd, which is so often observed with
infection & Shocking of the Fences, but which
sends actually to stimulate the patient to
appose the ferment's dysidi symptoms.
<br>Quadrilateral in some epidemics of Scarlet
Fever, there is some tendency of the fever
intensity occurring primarily and often early
Stage of the Disease; the general symptoms
being accompanied by Purulency of eye and
cheek, coughing, vomiting & constant
Diarrhea. These symptoms, remarks Broadly
as not uncommon even Scarletia Fever in
the Autumn, at which season common
affectations generally prevail and constitute
a leading feature of an Epidemic. The
Epizoonic tendency in a number of Scarletia
some epidemics than others— as well as at
different periods in the same Epidemic.
It is also worthy of remark, as recorded by
some, that epidemic in the same Epidemic
from sometimes alternating with other
times follows, an Epidemic of Scarlet Fever.
The former appearing in the decline of the
latter and either mitigating or causing an
epidemic on the ensuing of the Scarletia Epidemic.
Independent of, or in unison, Conjoined with, Diathesis or Debility, Hemorrhage, of the Face or of the Body, this place from the two.

The brain occurrence is rare, and when the bloody discharge is expectated, it further abides.

The definite epidermis itself a source of intense danger. In the few cases where it occurs, there is also a tendency to hemorrhage in other parts, organs of the body, e.g., the lungs and brain, but the connective cellular tissue is the most efficient and frequent seat of extravasation. The pathological conditions contributing to the hemorrhage, which is easily confined to the part of the body, and most frequently occurs in the place in the subcutaneous cellular tissue from the connective membrane of the bones — consist essentially in the disorder and diminution of the capillary vessels, and in a disturbance condition of the blood — in a state of intense fluidity freely giving rise to extravasation in the amount of its fibrinous element or to some other change affecting its property of coagulability.
Judicial Gazette. August 1850.
The characteristic inflammation of the skin sometimes extends to the mucous membrane of the vagina, giving rise to abundant this-charge of mucous purulent matter, which, in some cases, it is said, as to occasion the aches, and thighs of the patient to this from a source of great suffering and discomfort. 

Since attention has been directed to the fre-
quent occurrence of Sculatian Vagina by Dr. Cormack, I have observed it more eal
ti. Children, under 10 years of age — where this local affection (occurring in S. angiosa) was characterized by joint pain in the joint; swelling of joints, acute pain on motion, constant dropping of yellow purulent matter, accompanied by recession of the thighs and all accounts from it under appropriate
measures. It is important, that this disease should be attended to, as the preceding suffering its occasions, is great at the time. In the epidemic of Sculatia in 1848-9, Dr. Cormack states that out of 23 female
patients, all of whom were clearly D. med
tri a respectable social position, 12 of the
numeral had well treated Vagina. All
were
were under 14 days, flags with the exception of two females, who were respectively 26 and 28 at 4th Distinct. These two were attacked with acute nephritis, much worse, severe than any of the children; and one, who was pregnant, aborted.

The kidneys are, above all organs, the first liable to become the best of sudden disturbance in scarlet fever, both during the existence of the primary fever and during the period of convalescence from it.

Throughout the whole, or during a period only, of some epidemics, there is a marked tendency to leaves renal disorder, and by prominent and this tendency appears as to mark the character of the epidemic. That a few writers, who have written of it, have described scarletia remain as a distinct variety of scarlet fever. Denoting the propensity of adopting a little to distinguish this importance and comparative frequency in some epidemics, of serious renal disease cannot be denied, and should draw the physician's attention in particular attention to the condition of the kidneys in the scarlet fever.
If the urine be examined frequently from the beginning, or any of the cases of Scanty
Diuresis, the following are the changes most
obviously observed to take place. — Dig.
Its colour is altered — increasing in intensity
and frequently assuming a pale amber tint
or reddish-brown colour; its odour is more
or less unnaturally increased; its reaction is
acid; it is usually concentrated and clear.
More or less in density — the figure being very
variable but generally slight. On cooling
it throws down a more or less copious deposit
which, on Chemical and Microscopical Ex-
amination, is found to consist of alembic
first of Ammonia and Dextrin acid. These
changes, however, were not always present.
In some cases, careful examination failed
to discover any evident alterations in the
Normal Ammonia, Colour and Density of the Urine.
During the first two stages, its reaction was
nearly always acid, and Dextrin acid was fre-
enly found free. The combined with carbonic
acid towards the termination of the Fever, espe-
cially in severe cases, the urine sometimes
became alkaline & deposited Phosphates,
just as is observed in certain periods of Con- 
stant fever. While the commencement of 
periods of diarrhoea are éonted by 
Nebulization and prehension of the urine, which 
contains a large quantity of epithelium 
attacked by the urine itself, and albumen 
generally in small quantity, by heat and 
Critic acid, besides the occasional presence 
of amorphous phosphates. Such are the 
common conditions of the urine in 
Scarlatin fever. Which vary little from 
the urine in Contined fever, about 
the same period of the disease.

Here is the peculiarity, however, essentially 
characteristic of Scarletinal disease, and that 
is the frequency of albuminuria— the secretion 
or elimination of albumen from the blood 
by the kidneys. Deriving from the many 
aminations made of the urine of the Scarletinal 
patients, it was found a case exception to 
the general rule to find no albumen this 
generated by the kidneys, during The progress 
of the fever. The amount was generally 
small—but enough to indicate its presence 
by heat-Phillie acid, heat causing a
against so palpable corporeality of the divine.

While citric acid concentrated the albumen,
so as to make it more apparent in the form
of flakes or of jellyy masses at the bot-
tom of the hills. The detection of albumen
alone is far from indicating a diseased condition
of the fishes themselves. These phenomena
frequently occur from quite healthy, all the albumen
has been observed in the organs, even for some time
before death. In such cases, it seems, therefore,
consider careful albuminemia to depend upon a
compromising character of the intestinal function. The
result of some pathological conditions of the blood,
which furnishes the albumen, and allows its
defractio or elimination by the fishes. The
union is also some how by the circumstances, that
urea - a normal constituent, is almost invariably
found in sufficient quantity in the urine itself.
Cause of this natural albuminemia. But this
somewhat, warrants an opinion in the opinion of
the others, that albumen is formed by a
species of transformation at the expense of urea,
so in the Sue vicarious of the other. Since Dr
Christian has observed - in relation to bright lines,
that - when the urine was defrained, of greater
part.
Part of its area, the quantity of albumen contained in it was small; but, on the other hand, in those where the area was considerable in quantity, the albumen was also plentiful. Coincident, also, with albuminous urine, the blood has been found to contain a considerable quantity of urea.

But the rapid dilution of albumen, combined with other constituents in the urine of 
Scleratinae Pretoria, is indicative of important organic changes going on in the Aculeate French. During the Dominio Fare, and more especially towards the latter end of the Scleratinae stage of Scleratinae Lepidinae, the kidneys are very liable to become congested or inflamed. This liability is worse in those in their epithelium than in others, and the degree of inflammation affects bear some relation to the amount of the former hairs at the toes. If

However, it is by no means invariable, since, at some

lesions, renal inflammation occurs in many 

varieties of Scleratinae.

The pathological conditions of the Aculeate French congestion or inflammation of the kidneys in Scleratinae

are as follows: Its secretion is altered in quantity and quality; its drain, via veins according to

the
The portion of the description - Some State Multiple
amount of the 24 hours precipitation, as few times,
its very slightly turbid & muddy, and contains
a large quantity of albumen; sometimes it pre
sents a thick, dark-brown color, like tea, which
occasionally throws down the fine eletrotyotic
sediment, more frequently a dark brown de
sire, while, on microscopical examination, it
found to consist mainly of the colonel
corpuscles of the blood, some with detached
from them; numerous fibrinous casts,
wouldst according to the chief size of the
albumoe Prussian blue. If the
products from the perfect, others broken down and
irregular; both these are observed a large
number of epithelium cells of the bladder, some
purple small, others bluish, while
many are irregular & broken down. The color
attains to the most reddish hue, as indication
of the presence of minute granular albumin
scantiness & turbidity of the urine. The relation
of albumen by Chemical tests, and of albumen
bile casts of the kidneys, with a multitude of
epithelium scales occasionally blood corpuscles
as observed by aid of the microscope.
It is a curious circumstance that, in some few cases, while the urine was for some time the
omitted to a few ounces, its secretion was
suddenly and most unexpectedly increased to
an enormous amount, accompanied by that
symptom of the symptoms. It seemed as if the
channels of excretion were temporarily blocked
up and then suddenly opened up, in which case
the free flow of the urinary fluid
The information of acute renal affection as
a complication or a sequel of sepsis, was
frequently well masked by the inflammatory
symptoms (although in the former case, they were
occasionally masked by the existing fever)
and in its confinement. The region of the kidney
inflammation, necrosis; formation, unusual and
persistent, and the bladder floor
frequently became the victim of the state
of the bowels; increase in the strength and
frequency of the pulse, fever or latent,
the disease proceeds, especially effusive into
place, either into the subcutaneous deeper tissue
or into some natural cavity or both. The
face first becomes pale, Cheesy, and swelling
hands, feet, limbs, abdomen swell; the

Internal Caverns, the fundus splenica are most frequently the seat of intracerebral effusions and the accumulation is accompanied by facial dysaesthesia. Operation is treatment sometimes the effuions enter place within the brain, as indicated by sudden headache, vomiting, dilatation of the conjunctivae, convulsions and sometimes delirium.

Notwithstanding that many have considered scarlatinal enanathrea as belonging to the class of tubule tubercles, Iam much inclined to look upon it as a distinct form of acute renal disease, both secondary and essentially dependent upon the renal tissue. For this is generally, as invariably, strong, a well-marked connexion between the inflammatory affection of the kidneys and the subsequent pathological effusions. And again, careful examination of the cases of these other cases, where the internal cavities are found full of clear fluid, cannot discar a trace of irritation, vasculant or of any of the unmistakeable products or events of inflammatory action. The accumu- lation must in these cases be considered
as a mere infiltration or excessive dissipation of the fluids of the blood, of its venous fluids, which is the direct cause of much of its albumen and is consequently diminished in density.

After the disease of the kidneys in albumen is manageable in the better cases, it sometimes causes a very troublesome and obstructive affection, especially when supervening as a natural consequence among the freckles of the long time fever. That case... its ultimate consequences may be formidable, for there is every reason to believe that it occasionally lays the foundation for those unions permanent and of the kidneys. With regard to this point, I cannot do better than quote the observations of Dr. Watson on "Roter following Seated Fever." "It is an interesting fact..." As Bunsen, that the chronic form of renal albumin... manifesting itself at some distance of time, the urine distinctly contains less bit opaque in the urine, immediately consequent to Seated Fever. The disease has occurred to all probability much sooner than it has been noticed; and if precautions were taken, accurately observed, accumulative on the subject, the chain of consequence becomes more clearly...
clearly visible between the light, incipient, Scarlet Fever, and chronic and chronic...'

Treatment of Scarlet Fever etc.

It would be vain, if futile, really impossible, to lay down a decided, positive

mode of treatment, as the followings are in the case of Scarlet Fever. This has clearly indicated that the disease or disease itself, then capable of treating, well marked out both in reference to this general and to local generalities. The

Danchius may all appear in the same epidemic, at the same time, or in succession, at different periods of its history. Thus, it was in the epidemic of 1832. While the period of its
carrier was characterized by increasing of mild cases, requiring little or no treatment. Another

Danchius instances of a decided, inflammatory type, with a strong tendency toward the type

effective. While a third, characterized by type of malignancy, in the case of fatal in almost three-fourths, and little amenable to the most
group of our general remedies. Therefore, remarks Dr. Fothergill, seems to be the

true in fact, that, in some cases, the disease...
appears likely to build a structure to designs, as to require but little assistance from art. Persons even recover from it under the disadvantage of misdirected and rigorous management, while in others the progress of the symptoms is too rapid, and the treatment is unfortunately to such a degree that nothing seems able to stop it.

The best of treatment, moreover, must not be limited to a reference to individual cases and the various circumstances with which they may be associated, but it is likewise all important that we should regulate our practice according to the prevailing type of character of the fever, as well as to the prevailing policy, particularly of complications, which may characterize the epidemic in question, while also observed in others.

This, in turn, is clearly, thereby, by and in due consideration carefully the different varieties of the disease, to observe closely the prevailing character of the fever and the various complications by which there is the most marked tendency, all at the same time, to watch minutely the circumstances, which seem to indicate a favorable or unfavorable event. It is only by a careful examination
Incubation & Severity of this disease, and by a constant and persevering observation & watching of the progress of the Case, that we can, with any degree of success, accommodate our Treatment to the various forms of the Disease. The variety of the Symptoms, arrest or mitigate serious complications and conduct the Patient with safety through the Disease.

Acting upon these Principles, I shall now introduce a short detail of the Treatment adopted in the Scarlet Fever.

1. SCARLATINA SIMPLER

The first and benign picture of this form of the Disease forbids any degree of officiousness. Much less of active Treatment, on the part of the Medical Attendant - whose principal duty is to enjoin rest, quiet & confinement; that the injurious exposure of the lungs, & consequent fermentation from all animal food - and the use of bismuth & carboaminis acid, as much, Sage, camphor, &c., serve for the Purification of the Patient, during the Period of his sickly position.

At the close of the Disease, the exhibition of Aperients is always useful. Pale, the towels, 

and
and removes any irritative matter, that may be present in them. In the subsequent management of the case, the two following circum-
stances should always be attended to viz: the condition of the stone & the state of the bow-
els. The first stone, however feebly, should be retained permanently set on the stone and the action of the bowels regulated. So that
both their ends, nothing apparent to service-
able as the occasional sponging of the bowels
with tepid water and the administration of
quinine or second night of a compound grov-
ner, containing Calomel, Sarsaparilla Powder, with
a little Burn's Powder, and followed by
a mild aperient in the morning such as
Castor oil, mixture of Senna, or Sublimed Sul-
phur alone or combined with Spirit of Potash. The use of Sublimed Sulphur
alone. This now fallen into contempt this
write was, in many cases, found re-
ceedingly valuable in regulating the action
of the bowels, tending forward the exta-
nomous effluence and retaining it for
manifestation.

During the course of the fever & the period

F
of convalescence. Special attention should be paid to the
stimulating or improving of one or more of those com-
plaints to which all se complicated patients are not
or life hickie, and some our utmost endeavors
iust to or overcome them, as speedily as possible.
Beyond this, our management is important, and
we should rather judiciously follow the progress
of the disease and convalescence themselves, than
nearly advance before its and being attempt to
facilitate its utter and termination.

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2. Scarlet fever, meningitis

In the mild or uncomplicated form of the disease
se complicated, our management varies little from
that recommended in S. Temperance. The majority
of cases, however, require more skillful and
watchful nursing and a more active kind of treat-
ment. The onset of disease is sometimes characterized
by severe recurrent fever, slow intermittent
pulse, anemia, with an aspect of extreme de-
fusion; the following of the forms of first hour.
This is checked or diminishing the intensity of the
signs, equilibrating the heart's action, regulating
the circulating fluid throughout the capillary system.


3. Pain at intervals


Found beneficial.
It has been stated in a previous part of this paper, that to remedy many forms, frequently occurs a more or less inflammatory form. When of a febrile character, it may be readily influenced by mild internal or external means, with the continued administration of Antimonial or Ipecacuan. Also, given in small doses at frequent intervals. This is, preferable to large doses, at longer intervals, since we can regulate the action of the medicine, according to the symptoms, much more easily and satisfactorily. When the patient complains of thirst, which is often very frequent, the employment of cooling, soothing drinks forms an excellent plan. A few drops of Antidote or Sulphuric acid, diluted with the requisite quantity of water, may be given with great relief, or a solution of Irideate of Potash in Water. A variety of other cooling drinks have been proposed—all equally useful in tending to quench thirst, but it frequently happens that the patient, either through thirst, or from other causes, will relapse into cold water, as the most grateful and wholesome beverage. The agreeable sensation of thirst, if strongly felt, is frequently mitigated by indirect means, such as the employment of
The cold bath or dousing the cutaneous surface with ice-cold water. The cold bath or dousing of the whole body is a means frequently resorted to when the thirst is great. The skin dry that, the temperature rough, prominent, painful - accompanied by restlessness, and most frequently fatal. To the feelings of the patient, it will afford the most certain immediate relief from these distressing symptoms. Under these circumstances, it is a most effectual refrigerant, and, according to Dr. Betts, "the only efficacious remedy, which will act as a refrigerant, the insufflation of the face, fingers." I have frequently witnessed the marked rapidity with which benefit is derived by the patient and my experience accords with the testimony given by Dr. Betts, who remarks, that "irrespective of the course of few minutes" after its employment, "the fever has been diminished in frequency, the thirst has abated, the tongue has become moist, a general free perspiration has broken forth, the skin has become lifted and wet, and the eyes have brightened; and these indications of relief have been usually followed by a calm, refreshing sleep." In consequence of the tendency to inflammation of internal
from the fear of producing the efflorescence. The cold bath is in many cases contraindicated and the patient will find equal as if

frost-tinctured relief - without incurring the slightest

risk or danger - from the use of the liquid

bath or, what is preferable, the frequent and
daily soaping of the body, face included with

lucid vinegar water in nearly equal parts.

It has been stated in a previous part of this

paper, that the reactive or immunologically?

sensitized inflammatory form, either

independent of, or accompanied by, a strong

tendency to actual occurrence of bio-

chemical local inflammation. Under such

circumstances and these especially in"malignant"

plethora habits, prompt and active measures

should be adopted to, but always with due

caution and discretion as to the time and

amount, of which they may be safely employed.

Since any delay beyond the crisis period

will render these measures less effectual. Any

absolutely dangerous in advanced cases, but any

except to the amount or activity with which

they are employed may prove, painful to the

patient and greatly aggravate that tendency
of typhoid symptoms, which is so frequently ob-
erved, during the later stages of the disease,
even in those cases where the fever at first
showed an inflammatory character. These
symptoms equally require to the employment
of general bloodletting, emetics, purgatives,
cathartics—all which have been used with
obvious advantage in different epidemics and
more or less rectified and
recommended by various authors who
primarily agreed as to the duration of fever
and the only restrictive demand as the period
of convalescence. It must also be remembered
that, in such active measures are deeply
beneficial to the patient, their success will
not warrant their employment at another
period. Even of the same epidemic since
the type of the fever and the character of the symp-
toms are even liable to change.

The well-known fact of the turbidity of the
fever in Scandinavia anginosa—(regarded as due
or life typhoid character toward the latter
period has led many physicians of the present
day to dispute with the (use) active measures
of the fever more debilitating than it
Correct to the Poisons but not to the Effort of Means of Local Treatment.

The greatest effect of the Vesicant should always be attended to. If trouble arise at the first from 2 to 8 ditches, according to the age of the Patient, should the application be made under the angles of the jaw or over the ear, suspected, if dangerous, at a subsequent joint, to favor bleeding. Where Palliatives should follow.

The Scarification of the Foible has been recommended, and in two or two cases, when it was employed, it produced successful, in allowing a free discharge of blood, mitigating the intensity of the inflammation. It is a practice, however, neither in any case nor easily performed.

Subsequent to the official abstraction of blood, much benefit with be derived from large liniments, application, warm lights or cold lights, according to circumstances, with the employment of warm bread, liniment, from the patient's during the intervals.

Palpiters have been recommended, but the frequence of their administration seems questionable. To occasion a great deal of the chief limitation to the Heart and the circumsurface from any
The inhalation of the steam of hot water, with or without a small quantity of Quicksilver, was frequently recommended with the best effect of relieving the pain, diminishing the tenderness of the throat, lessening the swelling of the part, and if that took place, when the abscess is insufficiently vented. It may be punctured or freshly opened or a single employment - the best of all if this be done. When these and coughing applied to the local applications of Soluine Chloride ¹/₂ or Sol. Borsacii, frequently employed, proved useful; but if they failed, a strong Sol. Iodat. Argenti was added, and generally had the effect of lessening the swelling, clearing the throat and changing the unhealthy color of the part. Other sugars could be used, the two following were generally prescribed with the best effect.

Py. Potassa Iodatoi.
Any tendency to inflammatory head affection should be carefully watched, and necessary measures adopted to prevent the actual conversion of disease. By keeping the head kept by inflaming cold compressing lotions, by drawing a few ounces of blood from the temples or mean of Leeching, and by the exhibition of our canal or saline gyp, we are frequently enabled to treat the inflammation of chronic insidious. But while the treatment is symptomatic, from curing latent, our treatment should be at once more active and attacking, since to delay a complication of this kind is known. Commonly, affected canals terminate fatally in a short space of time. The cold lotions should be continued frequently changed. The leeches, in requisite number, should be immersed or blood dressed to causing behind the cheek; the ice or wine both employed at the middle with or without constant; their comminution; rectifying doses of astringent or soap warm and free breathing, should the pain become very acute, with great expulsion of the eye. Active phleum, violent convulsions, the employment of manual
Blood letting is indicated, as the first step. Effective means of deflection, and should be carried to the extent which circumstances may require. The effect of blood letting, followed by an active cathartic or strong enema, is often immediate and remarkable.

Acute Laryngeal Inflammation, occurring usually in the early period, is most effectively encouraged by abstraction of blood from the Jugular vein, or by Leeches, applied to the larynx or to the posterior gingival. Early employment of one or two emetics, if not already contra indicated, follows. Manometric Stipulations, Purgatives & the Aconite bark.

The early occurrence of Bronchitis or Pneumonia, or both combined, should be met by Local Bleeding, of retropharyngeal, Para-debrials or anesthesia, doses of Ipecacuanha combined with Opium in small doses; and when the acute stage is passed, strong Counter irritation will be found useful. If this influence in the later stages, when the symptoms more directly indicate expectorants, gradually diminish by the addition of Arsenic, or
In nearly combined with the former.
In still more distinct cases of St. Anthony, when the typhoid symptoms are prominent, depression first, Pulse full, surface of the body &shivering cold fluids, breathing laboured, general intercostal tympanum, cold hands over greater portion of the chest, the heart rising mainly, if not wholly, upon the use of stimulants, combined with Epsom
Spar and with corrosives, as spirit of Vitriol, of Colonel, the employment of which are chiefly indicated.

When the region of the Stomach Manifest,
Gastric Stomachics, with nausea vomiting, low
Chances in conjunction with the use of the
Liver of the Virgin Hayes. The symp-
toms are generally alleved by leeches over the
Stomach, 3 Colonels, combined with Spirit
or Dover's Powder, and in urgent cases,
more especially if vomiting continue unless
the employment of a Chloroform over the Epi-
Pedicle is often followed by melancholy.

When theJaundice with nausea is accompanied
by pain throughout the add Tissues, with Diarrhoea or known Dysentery indicates
a congested inflammation state of the intestinal mucous membrane, Slack our abdomen.

Commutis irritation by mercurials or antimonial ointments (1) or by blisters or collyrium.

This Romanization; calomel & quinine in great small doses, or by Dose. C. Cetics with Pdi. Pdi. or Dover's powder; in the cases Phenic. Cetics or Vegetable and its joint, which may be also given, with benefit in the form of enema or suppository.

When the feverish occurs in the latter stage, most frequently from the irritation of Rehmannia Cactus. An occasional mild laxative, as Cactus oil or by Dose. C. Cetics with Rheum, may be judiciously given followed assiduously corrections, as Chalk Putsche or C. If this is distillation, lettuce paste may be usefully combined with the latter or it may be given in the form of Enema with Dover's tincture or liniment.

In all cases of febriform irritation, strict attention should be paid to this, which should be bland & simple, containing a little nourishment, always given in small quantities. The patient is kept confined by calomel potions or mild effervescing draughts.
W. Scarletina Maligra.

In Scarletina Maligra, two general indications are the followed out. These are of primary importance—viz.: 1. To maintain the vital powers of the system, which fall proportionately under the disease. 2. To mitigate and relieve the severity of the local symptoms and complications to local treatment, with as little possible sacrifice to the general system. The employment of general antiphlogistic measures can only be added to in the very beginning of the disease, and even then the propriety of their adoption is very questionable. The blood might diminish at the strength of the pulse, accompanied by a low depressed state of the general powers, rendering any amount of depletion strong doubtful but hazardous. The forbearance of an antimonial or other scarlet-poison, at the onset of disease, followed by an active empyreum, proves all that. Acute angina three few cases, while antre incipient threaomedical and the use of antiphlogistic measures.

Finally, the violence low typhoid
Character of the symptoms demand our utmost influence sooner or later. Also, for our exertions. Endeavor to maintain the exhausted vital powers of the system. Ante fatal symptoms. Such indications of treatment can only be fulfilled by the continued administration of Cordial Tonics and diffusible stimulants - always taking care to regulate their employment according to the severity of the symptoms. As long as, so the guilty.

When Character of the disease becomes apparent, it behoves the physician to support the patient through vigorous diet, animal broth, rice in moderate quantities, lacteal juices to children, combined with milk. In the form of Lac-Phil.

Various In Nicotia have been employed. Recommended highly extolled by different physicians for their diuretic effect in Scrofula Maligna. Some of them being now regarded as Specifics. Among these, which have been extolled first generally employed with advantage, may be mentioned the following.
Rearms Rock. C. M. 1787.
1. The preparation of Eichroma Balsam, as recommended by Dr. Rezn. Armstrong, Cullen and Pringle.

2. Sulphate of Quina, which will be found of the highest value, if quina is fully dried and preserved as long as the Cytocid Washington contains. It is an alterative to the stomach, which it is apt to be when quina is boiled in large quantities. Small doses may be substituted with advantage in pastes at short intervals. It may be combined with Dilute or Acetate Sulphuric Acid. It is a frequent agent in the following way with success:


Liqu. a diem from five every 3 or 4 hours.

3. The infusion of Capsicum, as recommended by Dr. Huang — A certain droplet fully twenty drops quina, during a serious epidemic, which prevailed at St. Christopher's in 1787, and commanded general witness, more of the period.

4. The preparation of Arumina, which, the innumerable authority of a specific by Dr. Pratt, in S. Thaligas, cannot be denied to Joseph H. All the stimulant qualities
and on this account, of great value.

1. The use of Chlorate of Potash has been favorably recommended in Scurvy Fever, more particularly by Dr. Watson, who pre-
scribes it as a decoction—a measure of the salt
being dissolved in a pint of water. Under
the use of a pint or quart for a half hour,
often solution daily. Some instances of
many instances, a great improvement of
the patient, while from being fevered, or
swollen, has become clean and quiet.

In strong solution, I have in favor of
Chlorate itself, the last many cases of its
use. Certainly, judging from the few trials I
have made of it in some cases of St. Anginosa
and Maligana, have concluded to regard it as
a valuable remedy. In two cases, particularly
where debility was great, Julius extremity,
febrile agitation, short breath, thinness of
body. Dry, parched, surfe of the head. Cold
Achinesis cold. Fever. Sheen strict with
the almost immediate most decided improve-
mest of all the symptoms, after the first employment
of this remedy. I have used the formula, recommended
by Dr. Watson, for its preparation.
The picture illustrated here has been likewise
fluently recommended of late, but in those
cases, when pain was made, it seemed of
little avail.

In all these cases, when the effusion
and exhaustion of the system is great and
the danger of fatal exciting imminent, it
would be the error to trust to any of those mea-
ures alone; hence powerful and the physi-
cician is constrained to combine the brine for-
manent and potant diffusible stimulants, as
brine, brandy, alcohol, &c., and, notwithstanding
all, our utmost efforts are vain—our treat-
ment too often proving of little avail—
Special attention should be paid to
the throat, which is always deeply inflam-
ated in this affection. This is only at the commen-
tant of the inflammatory action, that local
application proves of any avail. The inflam-
atory fluid is a rapid course to the in-
flammatory infiltration, beginning tongue,
the more ordinary local treatment—these
in the management of angina as for throat,
may be first resorted to, but more prompt
measures are generally requisite.
In adults and young patients who are able to use Epaulets, they may be beneficial. The Epaulets which are found most effectual are the crystalline Resin of Lupins, as well as Quinine, Narcissus, Convulvus, &c. which are mixed with Sulphuric Acid or Nitric Acid.

The use of pure Epaulets will sometimes be of benefit, as also the solution of Sulphate of Copper or Zinc or of the nitrate of Silver. The mouth and fauces being afterwards well washed out with Cold Water.

The internal administration of Nitric Acid of the amount of from 5 to 15 drops 2 or 3 times a day, often proves of great service. When combined with the use of the Acidulate Resinous Epaulets.

Children cannot take Epaulets, and the physician must proceed to expect results. To effect the same purpose derived from the use of Pure

In adults some practitioners recommend the employment of the Syringe or Electric Bottle to inject Aqueous Solutions, as of Chloride of

Sodium, into the fauces & against the fauces. But this is more difficult and less effectual than the pure quinine method.
Of applying a strong or weak solution (as the condition of the patient may require) of chloride of sodium or chlorate of lime or potash—directly to the affected parts, by means of the straight dropper, or it will be accompanied, with a touch brush of hair—by the employment of one of these measures as may be considered suitable. The inflammatory action is frequently mitigated, the straight dropper at the back of the cleft—when ingested; the ichorous discharge cases to flow from the posterior meatus, and then in situation of the bowels, & diarrhoea cease to distress & habilitate the patient.

The management of every complication that may occur in Scarlatina: Painful, must be conducted upon the same principles as laid down in Scarlatina: primus, ever bearing in mind, however, the phthisic nature of the disease, confiding mainly to local means of treatment and in treating, at the same time, the use of general stimulants and tonics to the body, whereas the patient's strength, and vital powers threaten to succumb.
Treatment of Scarlet Fever

Immediate attention should be paid to the Renal Organs when they become affected. From the septic state of the host, both from the septic condition of the blood as well as from the putrid fermenting effect of the disease upon the fluid. It is early that Peristalsis is demanded or can be borne with safety. It is preferable to keep stools or Coughing Stools in the form of a little period. Mixture, warm Pancake Linen or a Blister if requisite. An Anti-Cathartic should be given at first and expected, if necessary, or if diarrhoea exists, the warm bath, followed by Aloes, Opium, or矾 Powder, will often prove very beneficial. Should the Symptoms become more urgent, Stomach Infusions, from Aniseed, Raspberry Should be imployed - such as - reception abstraction of Fluids from the Stools, if advisable, the daily employment of the warm bath; the administration of Cathartics as Calomel Italy or Scammony if diarrhoea.
as James Powder or Frank Powder or the Le
guar Ammonia Chlorate of Potash or the Le
guar Ammonia Chlorate of Potash of a
Drumulanto kind as Super Potate of
Potash. Digitalis. Acetate of Potash, even
their later should be employed with great
caution, since any stimulant at the flow
of blood is the already congested inflam-
ated glands, naturally aggravates the local
affection. A Combination of Acetate of
Potash and Digitalis with one or two gins
of Iodate of Antimony, was found the
most and best effectual. I mean of
acting upon the glands and of removing
the hardness of the galls accumulation.

The treatment of Scarletinal. Chloride consists of
frequent atDonation of the part with cold or tepid water.
the latter should be alternated by that previously soaked
in a warm milk water to be lather and then to be. The
best local remedy which has been employed is Iodate of
the 


The Critical Period of Convalescence from all the forms of Scarlatina requires careful and diligent watching, and every precaution should be taken, a janitor to care for, frequent and infrequent, in this interval in question. The room should be well ventilated. The diet must be nourishing and gradually increased in quantity, as the appetite improves. The bowels should be regular, not by harsh laxatives. The patient cannot stand much until sufficient strength is gained. Rest and quiet. The clothing should be warm. Exposure to cold, or fatigue should be carefully avoided, and the patient should not be allowed to go out of the house, until, or even for some time after, the process of inflammation is fairly over.

The final convalescence from Scarlatina magistriosa and Maligra in general slowly improves. Diet and nourishment are of great importance, and the patient should be carefully observed for some time after the illness to ensure a proper recovery.
employment of Wine, Water, Tonics, and any other useful tonic or cordial.
Infusions will be found very benefi
tial in promoting convalescence and
reestablishing the health of the patient.
In Scrofulous cachectic constitutions
Hydriate of Potash, the Vine of Iron or the
Hydriate of Iron, with Cod-liver
oil, are indicated; and their exhibition
is attended with the greatest advantage
and improvement in health.

[Signature]