

A GUIDE TO MEDICAL AND SURGICAL NURSING.*

CHAPTER XVII.—SCARLET FEVER.

THERE are two striking features in scarlet fever, the affection of the throat, and the affection of the skin. Scarlet fever is divided, for convenience of description, into three varieties. I may as well tell you here that *scarlatina* is the proper Latin name for scarlet fever, and not a mild kind of it, as I believe some people fancy.

In *scarlatina simplex* there is little or no affection of the throat, but there is a red rash; with *scarlatina anginosa* both the skin and the throat are affected; in the worst form of the disease, *scarlatina maligna*, the stress of the complaint falls on the throat.

Though children are more susceptible of scarlet fever than grown-up persons, it is by no means confined to any particular age.

Scarlatina begins with shivering, languor, and head-ache, which is sometimes accompanied by delirium, and occasionally with nausea and vomiting. About the second day a rash comes out. This commences in minute points, which soon become so numerous and crowded that the surface appears to be universally red. The rash begins on the face, neck, and breast, and at last extends over every part of the skin. On the arms and legs it is sometimes rather different, having more of a *spotty* appearance.

In favourable cases this rash begins to fade and decline about the fourth day, becomes gradually indistinct, and disappearing mostly before the end of the seventh day. Then the skin begins to peel off—desquamation of the cuticle is the proper term for this. Scales of skin come off the face, and the scarf skin of the hands and feet comes off sometimes almost entire, so large are the flakes.

In *scarlatina maligna* the rash is apt to come out late and imperfectly, and instead of being bright to have a livid tint.

The tongue at the commencement of scarlatina is often covered with a thick, white, cream-like fur, the edges of the tongue are bright red, and through the white fur you can see the little prominences or papillæ red and enlarged. By-and-by these red points multiply, and the whole tongue becomes red, almost raw looking, and looks rather like a strawberry; but should the disease take an unfavourable turn, it will get dry and hard and brown, almost as it might in typhus fever.

Sore throat, with some stiffness of the neck, is one of the first symptoms of scarlatina, and on examination you will find that the tonsils and

palate are of a deep red, or even claret colour. By-and-by the tonsils become covered with whitish spots or grey crusts, and sometimes there is a great deal of ulceration.

There is a great variety in the severity of scarlet fever; some cases are so slight that the patient hardly feels it at all, and others are so virulent that they prove fatal in a few hours. Death, in many instances, succeeds violent headache and coma.

The state of the throat is full of peril always, but, of course, varies considerably. It is apt to become foul and sloughy, the patient can sometimes hardly breathe through the swollen nostrils, and the acrid discharge from these runs over the upper lip and makes it very sore. In fatal cases there is often immense swelling of the glands of the neck, which, with the stiffness, prevents a free return of the blood from the head, and produces a tendency to coma. Sometimes there is purging.

You may, perhaps, have heard of cases where patients have become permanently deaf from an attack of scarlet fever. This occurs from inflammation of the eustachian tube, which sometimes ends in the destruction of the tympanic membrane, and the little bones belonging to it.

However slight an attack of scarlet fever may be, there is always danger during the period of convalescence, and the commonest source of which is the kidneys. You will not have forgotten the functions of the skin, and can easily understand how, by the state of the skin in scarlatina, the escape of the fever poison through the outlet afforded by it is checked or prevented.

More of it is hurried through the smaller outlet of the kidneys, and this often gives rise to nephritis and dropsy. In very many cases of dropsy after scarlatina, you will find that it has been a very slight case, and that, through some carelessness of the Nurse, or obstinacy of the patient, he has caught cold in leaving his bed or room, or has too soon given the secreting organs work to do which they were not able to accomplish unaided by the skin.

The approach of dropsy is often accompanied by languor and vomiting, and a confined state of the bowels, and the urine is not only scanty but altered in appearance, and the face becomes pale and puffy.

With children there is frequently an attack of convulsions. When this occurs you must be careful not to allow the little patient's head to be at all raised above the body.

In scarlet fever you will probably be called upon to apply lotions to the inside of the throat by means of a syringe, if the patient is unable to use them as a gargle, and the throat will have in many cases to be cleansed by means of a camel's-hair brush and a bit of lint. As convalescence

* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

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