

## Medical Matters.

### THE PREVALENCE OF SCARLET FEVER.



At the present time there are a considerable number of cases of scarlet fever in London. The admissions into the infectious hospitals of the Metropolitan Asylums Board during the first fortnight of this month were 1,359, while for the corresponding fortnight in 1904 the number was 1,120, and in 1903 only 796. The total number of scarlet fever patients in the hospitals is now over 4,000.

The medical superintendents of the various hospitals under the Board are loyally co-operating with the Hospitals Committee to meet the emergency, but in view of the present prevalence of scarlet fever and the fact that cases increase as winter comes on, it has been decided to open 100 beds in the two old pavilions at the South-Eastern Hospital, which is at present closed.

The symptoms of scarlet fever in children are usually headache, vomiting, and sore throat, followed by the characteristic scarlet rash, which usually appears first on the chest. Other symptoms are coated tongue, and swollen tonsils and soft palate. The temperature in a typical case reaches the maximum in about a week, and then gradually descends. As the tongue cleans a red surface is left, when it is described as "strawberry tongue." More serious forms of the disease (according to Stewart and Cuff) are (1) the *septic variety*, in which there is ulceration of the soft palate and tonsils, enlarged glands in the neck, profuse discharge from the nose, delirium, and marked restlessness, and (2) the *toxic variety*, which is rare and extremely fatal. The rash is dusky, the temperature high, and delirium, vomiting and restlessness are prominent symptoms. Death generally takes place within twenty-four to forty-eight hours from the commencement of the illness. The most important complications are joint affections, in which in the more severe cases septic inflammation, ending in suppuration may occur, albuminuria and nephritis, otorrhœa, and post-scarlatinal diphtheria.

To guard against the occurrence of nephritis scarlet fever patients are frequently kept in bed for three weeks with a view to minimising the risk of chill. Some physicians give nothing but milk for a corresponding period, as this

diet throws less work on the kidneys than one which contains meat. It is important to secure a regular action of the bowels, so that noxious matters which would otherwise be dealt with by the kidneys are removed. A warm bath every second or third day keeps the skin active and hastens desquamation. Septic cases require much attention in the way of cleansing the nose, mouth, and throat, and possibly the ears, changing poultices and fomentations, and administering food. It is important to remember that not only must desquamation have ceased, but all discharges also before a patient is free from infection.

Dr. E. W. Goodall, in the *Medical Annual*, reports that during the past few years the value of isolation hospitals in checking the spread of scarlet fever has been much under discussion, as has also been the occurrence of so-called "return" cases.

Dr. Lauder, Medical Officer of Health for Southampton, considers as the result of experience that more classification and more segregation are essential, and that "return" cases are attributable, not to the peeling condition as is generally contended, but mainly to undetected discharges from the respiratory passages and ears in those who have left the hospital. Dr. Goodall suggests that "undetected" is not quite the right word to use in connection with such discharges, their existence is often known, though possibly their importance is under-estimated. It is, however, important to bear in mind the possibilities offered by the upper respiratory tract for the reception, cultivation, and dissemination of specific micro-organisms. Return cases are not prevented by either prolonged stay in hospital or the completion of desquamation. Infection most probably lingers in the nasopharynx. The point should always be borne in mind by nurses.

### ENEMATA OF OXYGEN GAS.

The *Chicago Medical Recorder* reports that Dr. Burwash has made use of enemata of oxygen gas in the treatment of acute respiratory disease, particularly pneumonia. He says that the introduction of a large quantity of oxygen gas into the intestinal canal not only neutralises and deodorises the noxious gases that frequently are found there, but also introduces oxygen through the portal system to the liver, and the already overcharged lungs are assisted in their function of aëration of the blood by this reinforcement."

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