

the hands. In the abdominocrural triangle there may be petechiae, which are rarely seen in scarlet fever. The flea-bite macules soon change into characteristic shot-like subcutaneous papules, first on the face, forehead, and wrists. The high fever and severe headache and lumbar pains are important aids in diagnosis. Vaccination may cause a general erythema, with short fever, about the eighth day.

Secondary syphilis shows, with slight or moderate fever, dusky red roseolar patches followed by papules or pustules, first on the trunk, soon involving face and forehead. The lesions fade in the centre, become circular or marginate, and leave a coppery stain. Sore throat (mucous patches) often accompanies. This syphiloderm appears in the sixth to eighth week after chancre—in the third to twelfth week of life, with snuffles, in the hereditary form.

The tense, glazed, tender, brawny, raised, dusky red swelling of erysipelas, with its sharp line of demarcation and limitation usually to the face or scalp, is hardly liable to be mistaken for scarlet fever. The initial chill with sharp rise of fever is characteristic of erysipelas.

In erythema scarlatiniforme (dermatitis exfoliativa), we have perhaps the closest simulation of scarlatina. The rash, which appears on the second or third day, is a bright scarlet (macules or puntiform papules) and spreads rapidly over the whole body. The fever is often high, with sore throat. Profuse scaling is the rule. The disease is not contagious. It sometimes depends on grave uremia.

Erythema roseola is at times accompanied by a high but short fever. The rash is generally widely diffused and may be bright or dark red. In children we have the symptoms or history of indigestion. In adults this erythema is sometimes excited by the ingestion of berries, shellfish or decomposed canned goods (ptomaine poisoning). Of similar origin are those enema rashes which come on within twelve hours after a large clyster, especially of hard soap or turpentine, but fever is rare, unless previously present. In grip and typhoid and after tonsillotomy we may notice a roseolar rash.

In rheumatic erythema the skin of the face and lower extremities is very bright red and sometimes swollen. Fugitive outbreaks occur with change of season. Gonorrhoeal arthritis, with or without the administration of balsams, may give rise to irregular scarlatinoid erythema. Belladonna poisoning is often manifested by scarlet rash with high fever, dry throat and delirium. The widely-dilated pupils are nearly pathognomonic. Salicylates, and less frequently bromides, and other drug iodids, produce an erythematous rash. —*Denver Medical Times.*

Friederike Fliedner.

3. THE MOTHER OF THE INSTITUTION.

(Translated from the German* by Miss L. METTA SAUNDERS.)

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It was soon evident, in connection with the work among prisoners, that it was only half a work if they were not looked after when released from confinement. The female prisoners, namely, were certain to sink back into their old sin and shame if they had no helping hand to lead them back into the right way. An asylum *i.e.* a Refuge became necessary for these lost ones, to improve and educate them before their return to civilised life. But who could lay their hand on the work? Where was the place that was suitable for it? "My parish," writes Fliedner, "the smallest in this mountainous country, with barely 200 souls in it, in the midst of a large Roman Catholic population, seems to be the least adapted to it. But none of my clerical brethren in the surrounding country would help to build it in his parish. Then my wife urged that we in our parish should make the effort, and I was very pleased. It was more difficult to find a person who was able to take a post requiring so much wisdom, love, and patience.

But through her urgent letters she kindled enthusiasm in Katherine Göbel in Braunfels who was already bound to her by the double tie of youthful friendship and of one faith in the Lord, so that she, despite all her relatives' admonitions, came to us in the summer of 1833.

But now came a rather tedious intermittent fever which attacked her here, and a storm of letters from her friends at home begging her to return, as this illness was certainly the voice of God showing that He had not intended her for this work, and that she must not dare to tempt Him."

She wavered. Then appeared, on 17th September, 1833, a poor girl, Minna by name, who had just been released from the prison at Werden, and begged Fliedner and his wife to take her in. Could she be refused? Impossible, but whither could she go? In the parsonage garden stood a tiny house, the beloved resort of the children. There Minna was installed, and the loving work which Katherine Göbel was given straight from the hand of God did more "than all bark and medicines."

During the day the garden house served fairly

*The Annual Chronicle of the Kaiserswerth Deaconesses' Institution for 1894.

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