

OUR PRIZE COMPETITION.

NAME IMPORTANT ADVERSE SYMPTOMS TO BE CAREFULLY WATCHED FOR IN SCARLET FEVER, AND STATE THE SIGNIFICANCE OF EACH.

We have pleasure in awarding the prize this week to Miss G. M. Rainey, St. Bartholomew's Hospital, London, E.C.

PRIZE PAPER.

Scarlet fever may be divided into three types:—Simple, septic, or toxic, and any adverse symptoms would denote the onset of either of the latter, or of some complication.

ADVERSE SYMPTOMS.

Toxic.—An exceedingly high temperature, together with a dusky red rash, marked delirium, vomiting, restlessness, quick pulse, and extremities cold and livid, followed by coma. Usually results in a fatal termination.

Septic.—Well marked initial symptoms, which in a few days instead of improving become intensified. The early eruption disappears, and in its place has appeared another rash of blotchy appearance, more marked on the buttocks, knees, and elbows. Marked restlessness, throat very ulcerated and swollen, the inflammation spreading to the ears and nose, causing purulent discharge.

Glands of neck very swollen and painful. Temperature running high, with frequent fluctuation. This may last for days or weeks, and the patient die from exhaustion or as the result of some complication, or recovery be slow and tedious.

Scarlatinal rheumatism.—Stiffness and pain in joints, in severe cases ending in suppuration, or the inflammation may attack the heart, causing pericarditis, or occasionally valvular disease.

Inflammation of the kidneys (nephritis) is characterised by the presence of blood and albumen in the urine. The onset is attended with headache, vomiting, shivering, glands of neck swollen and tender, and a slight rise of temperature. These symptoms may become graver, if the urine is greatly diminished or entirely suppressed. The most characteristic symptoms of uræmia are convulsions and drowsiness, deepening into coma. The majority of patients suffering from nephritis make a good recovery. On the other hand, death may occur or the disease become chronic.

Throat inflammation, spreading to middle ear, causing "otorrhœa."—Symptoms, pain and rise of temperature, patient if a young child will be fretful, rub its head on the pillow, or put up its hand to its ear. The inflammation may spread to the surrounding bone, involving

the mastoid process, or the facial nerve may be affected, causing facial paralysis. In some cases the inflammation extends deeper, giving rise to abscess of the brain, or the blood in the adjoining vein clots and suppurates, resulting in general pyæmia.

Glands of neck hard, painful and tender, accompanied with a rise of temperature, denote formation of pus, which may lead to extensive sloughing. In the later stages of the disease, a sore throat, nasal discharge, croup, and a rise of temperature would be suggestive of diphtheria, to which scarlet fever patients are very susceptible.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss K. Köhler, Miss M. Birkett, Miss A. Phipps, Miss D. Vine, Miss F. Sheppard, Miss J. G. Gilchrist, Miss H. M. Springbett, Miss M. McLaren, Miss T. O'Brien.

Miss S. Simpson writes:—"The adverse symptoms in scarlet fever are numerous and important. Not only the tonsils, but also the soft palate and the uvula, may slough. More frequently the glands under the jaw and in the neck are much swollen, and the subcutaneous tissue about them is infiltrated, becoming brawny and indurated. The skin then becomes dusky red, and sloughing takes place beneath it, separating it from the subjacent tissues over a large area. Such cases are often fatal. Extension of the inflammation from the throat up the eustachian tube may cause otitis, resulting in abscess of the tympanum, rupture of the membrana tympani, and otorrhœa. In the course of the scarlet fever this may seem of little importance, but it lays the foundation for serious or fatal results months and even years afterwards, among which may be enumerated suppuration of the mastoid cells, meningitis, abscess of the brain, thrombosis of the lateral sinus or jugular vein, with pyæmia as a result, hæmorrhage from the lateral sinus, and facial paralysis. Deafness on the affected side may of course happen; and a double otitis in a young child may be the cause of permanent deaf-mutism. Other local lesions may occur as sequelæ; for instance, sloughing of the cornea, abscesses in the subcutaneous tissues, or cancrum oris. The most important symptom to be watched for is that of nephritis. It may begin with a chill and rise of temperature, and the passage of smoky or blood-coloured albuminous urine, but more often the first thing noticed is some swelling of the hands and feet and face. Bronchitis, pneumonia, pericarditis, and endocarditis occasionally occur in the

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