

PART. VI.—*On some rarer Forms and important Complications of Scarlet-Fever.* By JAMES BARNSTON, M.D., Edin.

During the past six months, the febrile exantheas have prevailed to some extent in many localities of the Town and in its neighbourhood, and it is in the belief that some interest might be taken in the subject, that I submit the following observations on one of these febrile disorders, which is, perhaps above all others, subject to important deviations and severe complications—at all times worthy of the consideration of the Medical Practitioner.

It may be remarked, in the first place, that *Scarlatina Maligna* is always characterized by severe constitutional symptoms. From the first there is an evident and marked diminution or lowering of the vital powers. The nervous and muscular prostration is great and the general fever assumes the low typhoid or asthenic form. In many of these cases the symptoms gradually become aggravated and lead to a fatal termination between the fifth to the tenth or sometimes to the fourteenth day. In some rare instances, however, occurring almost solely when the disease is epidemic, a fatal issue may take place within 20 to 30 hours subsequent to the attack, and that too without displaying any ordinary symptoms of Scarlet-Fever. The following case, witnessed four years ago will illustrate this remark. It was that of a boy, 12 years of age—one out of six of the same family, all lying ill of Scarlet Fever,—who was attacked at 1 A.M. with violent shivering, headache and vomiting, with very slight sore-throat. The pulse was quick, feeble and fluttering from the commencement. The vomiting continued unchecked by all remedial means, the general prostration rapidly increased, the whole energies became completely exhausted, and coma gradually supervened and deepened, till the patient died at  $\frac{1}{2}$  past one the next morning—exactly 24 $\frac{1}{2}$  hours after the commencement of his illness.—The occurrence of death at so early a period is comparatively rare, but it may be observed that the rapidity of the fatal termination of the disease is much more frequent and striking during some epidemics than in others and we have it recorded, as in the epidemic of Malignant Scarlatina which prevailed in Paris in 1743, “every individual who was attacked perished, many indeed within *nine* hours from its invasion.” In the majority of these cases where the patient sinks, as it were from the first, where the vital powers are rapidly exhausted and death speedily supervenes, no morbid appearances can be observed on *post-mortem* examinations, that could adequately explain the cause of death. No congestion of the cerebral vessels, no vascularity of the membranes of the brain can be discovered, and even the small amount of serous-effusion which is only occasionally observed within the ventricles cannot in any degree account for the