

The primary sore throat occurs about the first week of the onset of the disease.

The secondary angina shows itself about the second or third week, and is undoubtedly a true complication, due to growth and development of the streptococcus. Either the primary or the secondary angina may be but a simple erythema, local, in no way causing alarm and occasioning but little inconvenience to the patient; or the inflammation may be so severe as to produce ulceration and sloughing of the parts, and in some cases may produce fatal results; and, in fact, all degrees of inflammation may be met with, from the simple characteristic erythema to necrosis of the parts affected, depending upon the virulency of the disease. It is usual in throat complication of scarlet fever to divide the angina into three stages, corresponding to the degree of inflammation:— I. Erythematous, II. Membranous, III. Gangrenous.

The erythematous scarcely comes under the head of a complication, being only an aggravated condition of the usual angina found in scarlet fever.

The membranous or pseudo-membranous usually shows itself first upon the tonsils, grey in color and glistening in appearance and resembling very much true diphtheritic membrane, and like it leaving a raw, bleeding surface when brushed forcibly off.

In many cases this membrane is confined to the tonsils alone, but in others it may spread to pharynx, larynx, posterior nares, soft palate and other adjacent structures and under these conditions may readily be mistaken for diphtheria, the absence of the diphtheria bacillus and the presence of the streptococcus serving as the basis of diagnosis.

This membrane lasts between five and ten days, when it gradually peels off, leaving the parts swollen and congested, and resuming in about two weeks their normal appearance.

When this membranous complication arises, its development is usually associated with increase in temperature and rapid pulse and all the signs of infection, the involvement of the glands in the vicinity: sub-maxillary, parotid and cervical chain being a characteristic feature. They become enlarged, swollen, tender, either terminating in resolution in a few days or passing on to abscess, and should the pus-forming elements penetrate the abscess wall, they are liable to set up extensive cellulitis with