



SCARLATINA DESQUAMATIO

SCARLATINA. SCARLET FEVER.

Scarlatina is an infectious fever characterized by an angina of varying intensity and a diffuse exanthem appearing on the second day and ending by a desquamation more or less profuse. The incubation period is 2—4 days. The invasion is characterized by a sudden onset, with vomiting, and in younger children sometimes by convulsions, and fever which rises rapidly on the first day to 103°—105° F. The skin is dry, the face flushed, the tongue furred, the throat dry, and thirst is intense. On the second day the rash appears, first on the neck, chest or abdomen, and spreads rapidly. By the next day it may have involved the entire skin, though the face frequently escapes entirely. The rash persists 2—3 days and at its height is a vivid scarlet hyperemia which disappears only momentarily under pressure, although a scratch, as with the finger nail, will leave a yellow white line that persists for many seconds. On close inspection the rash is seen to be made up of innumerable puncta of more intense redness with an intervening erythema of duller hue. Sometimes the rash remains patchy and intervals of normal skin separate large hyperemic areas. Miliary sudaminal vesicles may develop abundantly, less often petechiae. The tongue is first red at the tip and edges and furred in the center. Through the fur are seen the red swollen papillae giving the so-called strawberry appearance. In 3—4 days the fur desquamates and leaves the whole surface red and rough. The pharynx is red with more or less swelling of the pillars of the fauces, the velum and the tonsils. There is usually a follicular tonsillitis or maybe a membranous angina. The lymph glands in the groins are always enlarged, and usually the cervical nodes, especially when the throat condition is at all severe. The fever gradually declines with the disappearance of the rash, in from 3—8 days. As the redness fades the skin looks stained, dry and rough. Gradually the upper layers of the cuticle begin to separate. This desquamation is more pro-

nounced and characteristic in scarlet fever than in any other of the eruptive fevers. Rarely it may be so slight as to be scarcely perceptible, but it is never entirely absent. The patient is infective as long as the desquamation persists, which may be from 2—5 weeks. The discharge from the nose and ears also carries the contagion. The poison has been known to cling for years to clothes, bedding, toys, etc., that have remained undisturbed. The death rate is about 10%, but varies greatly with epidemics. The younger the patient the greater the danger. A large proportion of all cases occur before the tenth year, but adults are by no means exempt. The more common complications and sequelae of scarlatina, in the order of their frequency are, otitis, adenitis, arthritis, nephritis, and endo- and pericarditis. **DIAGNOSIS.** In *dermatitis exfoliativa* the throat symptoms are absent and the tongue does not show the changes so characteristic of scarlatina. In the desquamation of *dermatitis exfoliativa* the hair and nails are commonly affected, and the epidermis is desquamated from a reddened skin, while in scarlet fever the desquamation does not begin until after the subsidence of the erythema. *Dermatitis exfoliativa* is a disease liable to recur. *Measles* has a longer invasion period with characteristic prodromata. The presence of Koplik's spots, the absence of sore throat, and the more papular character of the rash, which appears first on the face, are important features in the differentiation. **TREATMENT.** The patient should be in a bright, well ventilated room of even temperature, and in bed for ten days after the temperature has returned to normal. Until the fever abates the diet should be fluid, with abundance of water. For high fever and nervous symptoms tepid sponge baths and the ice cap are to be employed. When desquamation begins the skin should be anointed daily with carbolated vaselin to prevent diffusion of the scales.