

Remarks on some cases which occurred in the parish of Fulham this summer (1894), resembling scarlatina, but not of that nature : addressed to James Robert Hill, Esq., M.R.C.S., &c.;, Chairman of the Sanitary Committee of the Vestry of Fulham / by Robert Lee.

Contributors

Lee, Robert, 1793-1877.
Royal College of Surgeons of England

Publication/Creation

London : Phelp and Venner, printers, 1894.

Persistent URL

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The King: Vol. 12
Remarks on some Cases which occurred
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of that nature.

ADDRESSED

TO

JAMES ROBERT HILL, ESQ.

M.R.C.S., &c.

*Chairman of the Sanitary Committee of the Vestry
of Fulham.*

BY

ROBERT LEE, M.D. (CANTAB),

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.

Member of the same Committee.



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LONDON, S.W.

PHELP AND VENNER, PRINTERS, FULHAM STEAM PRINTING WORKS,
BROADWAY, WALHAM GREEN.

39, Gunterstone Road,

West Kensington.

September 26th, 1894.

DEAR MR. HILL,

Several cases have occurred in the Parish of Fulham of a malady very like scarlatina, and they suggest an explanation of the reason for the remark made often of late in the *Times*, that several cases notified as due to scarlatina, prove not to be so after admission into Hospitals. What the real nature of these cases may be I propose to make some remarks upon ; as the subject is of considerable interest, not only to the practitioner and the sufferer, but to the Medical Officer of Health and the Sanitary Committees of the various Vestries, who have to enquire carefully into the nature and causes of infectious diseases, and the best mode of dealing with them.

From a short description of a set of cases, which occurred in the same house, the striking features of this disease will be clearly understood.

The family consisted of a husband, a wife, a young child and three servants.

The husband was first attacked ; then the wife ; then the cook ; and then the child. What occurred to the other servants shall be related.

The husband's illness began on Saturday, March 31st, 1894, with fever and sore throat, late in the evening. The next day the tonsils were both swollen, and the left side ulcerated, the colour being greyish and somewhat of diphtheritic appearance. There was so much swelling of both tonsils, however, as to make the case more like one of quinsy. The temperature was 101 degrees, pulse 100. On Monday, the next day, the pulse rose to 120 ; there was increase of ulceration of the tonsils ; there was great pain in swallowing and a large quantity of saliva. The face was congested and dusky, and there was a marked expression of anxiety.

On Tuesday the left ulcer was healing, the right ulceration increasing. In other respects the conditions were the same.

On Wednesday morning an account was given of a sudden discharge of foetid fluid in the night with cough, followed by relief of pain, and ease in swallowing. On Thursday the ulcers were healed; but the throat was red. Pulse 90.

On Friday there was convalescence; and on Saturday the patient was well enough to go into the City. This attack was attributed to the inhalation of sewer gas when crossing one of the open gratings in Kensington. Mr. L— was nursed by his wife, and on his return in the evening of Saturday he found her in the same condition as he was the previous Saturday. On the following day well marked symptoms of fever and much swelling of the tonsils, and ulceration had developed; and during the week the wife went through an attack exactly that of her husband, with this striking exception, that on the Monday a bright red fine mottling of the face appeared, and in the course of the next twenty-four hours an eruption very like that of scarlatina spread over neck, chest, arms and abdomen. On Friday the eruption had disappeared from all parts except the thighs, where there was some irritation. On the following day the redness entirely disappeared, but there was a fine branny exfoliation of the frontal, postaural and cervical skin; and later the arms and hands exfoliated in fine dry minute scales.

This patient came down stairs on the Saturday feeling feeble, but otherwise well. The throat was clear and free from signs of former inflammation.

The husband had had scarlet fever when a youth; the wife, as far as she knew, had not had it. The cook was the next patient, and she showed the first symptoms on the 20th of the month, that was five days after the lady came downstairs.

In this patient the fever was less severe; the eruption fainter, and there was no peeling. In other respects the symptoms were the same, and the cook was convalescent on the seventh day.

On the 25th of the month the little boy was taken ill, and the case on the second day was extremely like one of scarlatina, particularly in respect to the eruption. The temperature was up to 103.5, and the pulse 130 to 140. On May 2nd, that was eight days later,

there was a branny exfoliation of the skin, but in other respects the boy seemed perfectly well. The kidneys were healthy. The cook said that she had had scarlet fever; the little boy had not had it.

With regard to the two other servants, one of them developed symptoms of variola on the 17th April, that was two days after the lady came down stairs. This girl was at once removed to the Hospital Ships, notified as a case of variola. I heard nothing of her till several days had passed, when I was told she was not at the Hospital Ships, but had been removed soon after she arrived there, to the Gore Farm Hospital; having developed scarlatina. Desirous to ascertain exactly what had occurred, I wrote to the Medical Officer of the Gore Farm Hospital and received the following reply:—

METROPOLITAN ASYLUMS BOARD,
GORE FARM HOSPITAL,

May 3rd, 1894.

DEAR SIR,

With regard to the case of E. E., transferred here from the Hospital Ships with the diagnosis of concurrent small pox and scarlet fever, I fear I can at present say little to clear up your doubts. She bears the traces of a small pox eruption, but none of recent scarlet fever. The Medical Superintendent of the Ships has probably seen some positive evidence of scarlet fever (which has since disappeared), before transferring her here, and might be able to give you more useful information than I can. It is possible that the subsequent history of the case may clear up any existing doubts. She is treated in a ward with cases of concurrent small pox and scarlet fever.

Faithfully,

(Signed) J. DICKINSON, M.B.

It is clear from this letter that the girl had been the subject of an attack like that suffered by those with whom she had been living. The suggestion that I might obtain more information from the Medical Superintendent at the Hospital Ships led to the following excellent and valuable reply to a letter addressed to him:—

HOSPITAL SHIPS, LONG REACH, NEAR DARTFORD,

May 9th, 1894.

DEAR SIR,

E—— E——

In regard to this case I can give you the following information. She was admitted here on April 17th. On the 21st she had a sudden rise of temperature (105 degrees); some sore throat; pains in the back and vomiting. On the 22nd the condition of the tongue, throat and face coincided with the usual appearances in scarlet fever. An erythema appeared on the chest and abdomen. This rash was not typical of scarlet fever, although it was such as one not uncommonly sees in that disease. On the following day she was transferred to the Fever Hospital at Gore Farm.

You will see that her symptoms, exclusive of the rash, were fairly typical of scarlet fever, and I had very little hesitation in diagnosing that disease. On the other hand, the only really characteristic symptom of scarlet fever in that stage is the rash, and that was anything but characteristic here. It is impossible to dogmatise about such a case. One can only be guided by probabilities. It seemed to me very probable that the disease was scarlet fever, but it is not at all unlikely that I was wrong.

As to the general question you ask as to mistaken diagnosis in scarlet fever and in small pox, I think I may assure you that they are common enough.

Yours faithfully,

DR. ROBERT LEE.

(Signed) T. F. RICKETTS.

The third servant, the nurse, escaped illness; which her mistress attributed to the fact that she did not enter the sick room, or nurse the little boy. Just at the time that the lady was ill I was requested to give an opinion in consultation on a case very similar to hers, in a lady of about the same age, and residing very near her. The medical adviser to the family felt so convinced that his case was one of scarlet

fever that I gave him an opportunity of seeing the lady whose case I have described, and in whom the eruption and symptoms of scarlet fever were even seemingly more marked than in his case. This, however, produced no effect, and the case was notified the next day, and removed to the Hospital.

I have stated these facts in order to show how likely it is to regard this disease as scarlet fever, and how probable it is that cases are notified and are removed to Hospitals, which turn out not to be cases of scarlet fever. A communication was made to our Medical Officer (Dr. Jackson) that there were reasons for believing that scarlet fever could be traced to the milk supply of one well-known dairy, and you will remember the report which Dr. Jackson brought up, after communicating with the Medical Officer of the County, in which were the farms that supplied the milk. No evidence was given that satisfied our Sanitary Committee that this dairy had supplied infected milk, and it was, I think, then that I expressed the opinion before our Committee that the cases were of doubtful nature, though resembling scarlet fever. Whether there might be a local cause for these cases was the subject that began to interest us, and I think that the nature of these cases is being better understood in consequence of larger opportunities having occurred to others to observe them. Dr. McClaren, of Fairholme Road, had a series of cases like those described above, and Dr. Jackson refers to them in the following letter, which is very satisfactory, as it gives support to the views I ventured to express at the meetings of our Committee.

THE VESTRY OF THE PARISH OF FULHAM,
TOWN HALL, FULHAM, S.W.

May 19th, 1894.

DEAR DR. LEE,

I could not make much out from the rash in those cases at Tasso Road, as it had disappeared excepting in one case, and in that was only faint when I saw it, but I was inclined to look upon them as cases of rubeola, but since then I have been

watching a case which bears out your views. In it there was sore throat followed by copious rash which was not scarlatina, nor rubeola, but was more persistent than in the cases you described.

I am, yours faithfully,

(Signed) J. CHAS. JACKSON.

I believe that we discussed the question whether some local cause, such as the sewer gas escaping from the gratings in the roads, or some other agent of infection might not exist and be the origin of this disease. The subject certainly seemed deserving of careful observation, and perhaps before long some definite information may be afforded on this point.

It is a remarkable fact that about a century ago there seemed to be some difference of opinion in the medical profession on the distinction between the disease called cynanche maligna, and scarlatina. In the opinion of Dr. Cullen, the leading authority on such matters, the diseases were decidedly distinct, and the description he gives in his work on medicine of the sore throat, the eruption, and symptoms in cynanche maligna, is such as to make one think we have this disease in the same form as in Dr. Cullen's time. The chief point, however, which is of importance now-a-days is that these cases should not be notified as cases of scarlatina, for reasons which are apparent. We must not expect too much from Dr. Jackson in working out such a question as is here before us; but if he has the assistance of those practitioners who reside in Fulham in giving him facilities for observing cases when they occur in their practice, valuable results will no doubt be arrived at. The subject is one of great interest from a professional point of view; but it is of still greater interest in its relation to the question of public health.

Let me apologise for these somewhat lengthy remarks and remain,

Yours very faithfully,

ROBERT LEE.