Scaletia or Scarlet Fever may be defined as a febrile affection, attended by a red rash, sore throat, desquamation of the cuticle, and frequently with troublesome and dangerous LEGULAE.

Formerly, this disease was confounded with 'measles.' In the consequence, Scaletia and 'measles' one disease, and named the same 'scaletia.' The same up, considering the names for one disease unnecessary. He spoke of it as 'the small influence.' Hoffman calls it 'Dioscalia Rossalia.'

There is some doubt as to whether this is a modern disease or one that existed long ago. Some writers say that the ancients were not acquainted with it; and that it first appeared in Europe in the year 1610. Another author considers that it was known to the Hebrews before 1500, under the name of 'rosalia,' and 'roseallah,' and that under these names it was described by Ingrassia. But Dr. Withering (c. 1778) was the first to point out the true distinction.
between Scrofula and Tuberculosis, although, in 1748, accu-
ately described the peculiar form which accompanied this disease; and which was afterwards known by his name. By Lenham gives an account of it, mentioning the affection of the throat; hence either this was overlooked, or the form he described was exceedingly light.

Of late years most all writers on this sub-
ject describe three varieties, namely: Scrofula Sim-
plex, Scrofula Anginosa, and Scrofula Male-
rna. To these maybe added the "Scrofula sine Ex-
piration" of Villam.

Scrofula Simplex. After exposure to the peculiar poi-
son, from which this form of fever originates, there is a pe-
riod of ineasaline before any effects begin to show. This varies in length. It becomes less or a week, and four
Days may be regarded as its average duration.

Symptoms. Very often the first indication of the approach
of the disease is a feeling of chilliness, or a distinct fe-
ver, accompanied by more or less languor, weariness, pain
in limbs, or headache, nausea and vomiting. Although rarely
are sometimes present. Very soon the skin becomes hot,
and frencent, the pulse becomes quickened, and rest
frust the patient. I suspect we observe the premonitory
symptoms of many febrile affections—sometimes nervous symptoms arise in the disease; coma and convulsion rendering the case severe from the very first.

From a very early period, throat symptoms present themselves, the first indication of which being, difficulty in swallowing with inability to turn the head to either side from stiffness of the neck. On examination the uvula and tonsil will be observed to be of a dark red color; the latter region being considerably swollen and congested, soon becoming covered with a light colored exudation—but in many cases of scarletina, frequently this exudation is absent.

The appearance of the tongue is striking—very early it is every where coated with a dense white fur, through which project the papillae of a very red hue; looking as if Cayenne pepper had been slightly sprinkled over the tongue. After a little time the projecting points melt off, and the fur clears away leaving the tongue verged withpaired papillae, forming the "strawberry tongue" of medical authors.

According to Sauvageau and Cullen the rash appears on the fourth day of the fever; probably they were misled in their statement, since most modern writers agree that its appearance is nearly always delayed beyond the second day; unless perhaps in very aggravated cases.
To best recollect that it generally appears within twenty four hours.

The eruption is a true exanthema, of a bright red color. The surface of the body is generally smooth, although sometime little papules may be felt. Dr. Farren gives an account of four or five cases (which came into the Middlesex Hospital within the space of a month or six weeks) in which some portions of the red surface were closely studded with little transparent vesicles containing a colorless fluid, resembling dewwater. These were in greatest abundance on the trunk, across the sides, and front of the neck. Some writers say that these vesicles are most apt to appear when the patient has been subjected to stimulating treatment, or regimens.

The eruption generally appears first on the upper part of the body. Most frequently on the neck, shoulder, and back, and areas gradually diffusing itself over the whole body. Usually within 24 hours after its first appearance, its diffusioin is complete. In some cases the whole body is suddenly at once covered with this rash, resembling the appearance of a boiled lotus, or seeming as if the cuticle skin had been stained with the juice of raspberries. They have been perplexed to this
Enquire this eruption from that of Measles. This has often
a troublesome form of differential diagnosis to students
commencing their dispensary practice. But the back
of scalding has one peculiarity, not seen in Measles.
On pressing pressure over any red part of the
patient, the redness will momentarily disappear, leav-
ing a white spot or spots where the fingers touched (like
a kiss on the lips of the patient) the remains very com-
paring, the surface resumes its venous color.
If an arm or a leg be grabbed with the hand the back
fades away, leaving a striped appearance corresponding
to the site of the pressing fingers. In the other hand
the eruption of Measles remains apparent after such
an episode. There is no abatement of the febrile symptoms
on the appearance of the back, but they may continue
to increase in severity until the eruption has reached
its height, when both decline together.

The pulse continues frequent. The temperature of
the body rises very high, in the arilla ranging from
104°-106° even higher. Delirium is not uncommon,
occurring principally at night, rarely during the day-
time. After continuing distinct for three days the
back declines, having usually vanished by the 7th day.
On its decline dehydration commences.
The period at which desquamation begins varies very much. From a few days after the commencement of the eruption generally it does not occur before the seventh or eighth day. But in 1863 in the case of a case of leucoderma in the forearm (where it is visible) in which desquamation commenced distantly on the 16th day after the appearance of the rash. Having been commenced, it continues until a complete shedding of the cuticle in vain the particles occur. The cuticle from the hands and feet first begins to peel off, giving rise to a sore.

State of the Urine. During the course of the eruption, it only presents the ordinary yellow characters, but it must always show an excess of amorphous urates. If these do not persist after the eruption has remained quiet and no solid matter, a single drop of nitric acid carefully added causes a slight precipitate, which disappears when the urine is heated, or an excess of regent added. Sometimes about the commencement of desquamation a trace of albumen is observed, but in no many cases its presence is temporary.

Scarlatina Anginosa. In this form the summitsympotms are often very severe, and the rash appears later
Than in Scarlet Fever being delayed until the end of the second day, and sometimes until the end of the third day. The rash is also less diffused than in ordinary scarlet fever, often coming out in patches, sometimes disappearing to return again, returning purpuric and bluish than before. The laryngeal affection is very prominent, attracting the notice from the very first.

A certain amount of enucleation exists from the commencement of the disease. Pain is present, with difficulty in swallowing, stiffness, stiffness of the lower jaw, and swollen submaxillary glands. The larynx is red and congested, the tonsils congested and very much swollen. This swelling together with the thick mucus which collects in the back of the throat, renders deflection very painful and sometimes almost impossible. In some cases phlegm has been vomited by the nose, when the patient has made an attempt at swallowing. The tonsils become covered with lymph, and not infrequently ulcerated. Inflammation may spread from the larynx through the eustachian tubes to the ear, producing otitis. Severe coughing may also occur with discharge of a yellow offensive matter from the nose. The parotid gland may become affected, becoming swollen and exceedingly hard.
"Treatise on Diseases of Children"
The pulse becomes frequent and the skin becomes yellow.

The fever tends toward an asthenic type, and causes great prostration and exhaustion of strength. It occasionally terminates fatally, but most patients recover.

Scarlatina Maligna—(Cyanotic Maligna of Cullen.

Rapid Inflammation—Male pyaemia.

This is the worst form of Scarlatina. Some writers regard it merely as an aggravated form of the variety just described. This is the opinion of Trench who remarks: "Between the severer forms of Scarletina, Aug. 8th, and that still more dangerous variety of the disease to which the name malignant has been applied, the differences are rather in degree than of kind." Other writers view it as a separate variety. This disease is truly asthenic in its nature. The fever is of a low lymphoid type. Caused generally by some peculiar epidemic poison, although it may be caused by a previously low and debilitated state of the constitution. Even and Asom Cases are met with in which the system seems perfectly preserved from the commencement. By the virulence of the poison. The eruption is generally imperfectly developed and fades early. It may be dark, livid, or purple. Petechiae may sometimes be seen...
seen ebies. The pulse soon becomes feeble. Skin cold, and
strength prostrated. The tongue does not present the bright
red appearance of the mild form of the disease but
is brown, and dry. Yides collect in the mouth. The breath
becomes heavy and offensive. The appearance of the
throat varies; it may be only congested, or it may be dark
purple - swollen, ulcerated or may slough or become
gangrenous. Hemorrhages are not usual to those
who frequent violent any cool amy or water
the patient. While in this state of exhaustion cerebral
symptoms may appear - and stupor with delirium.
Case only when the patient ceases to live.

Scarlatina and Eruptive. In some epidemics of scar-
ad fever, cases occur having all the usual symptoms
shelter mild or severe but without the appearance of
any eruption. Some medical. gentlemen suffer from
this peculiar use throat at every epidemic of scarlet
fever, without the exhibition of a rash, and with no bad
results; suffering merely temporary inconvenience
from the throat affection. In some patients dete-
ring of the skin, and desquamation occur at the reg-
ular periods.
Pseudotuberculosis. Dr. Copeland has proposed to give this name to certain cases in which dysentery had occurred after exposure to Contagion during an epidemic, with no manifestation of the usual symptoms. It may be possibly caused by the immediate action of the poison on the system.
Post-Mortem Appearances.

Few writers charge to any extent on this subject. Dr. Hall in his lecture on the Practice of Physic" seems to have forgotten it. I have never seen an examination of a body after death from scalding; hence perhaps may be excused for transcribing Dr. Wood's account verbatim.

Anatomical Characters. Sometimes every trace of the empyema disappears after death; sometimes remains of it may be seen in purplish or livid spots. Upon cutting into the skin, the superficial part of the cutis is found reddened and inflated. Have known the cuticle after death from scalding, be removable as after a blister. The redness sometimes also disappears from the face, though it often remains if the disease has continued beyond the third day. The cutanea ulcerations are often deep, sometimes extending through the pharynx even to the oesophagus, but very seldom into the larynx. Indeed the tendency to bronchial and pulmonary inflammation is much less in this disease than in Measles.

Various interior organs are congested; and when inflammation of any organ tissue has supervened, the effects of it are seen after death. Among other parts, the alimentary mucous membrane frequently exhibits...
Practice of Medicine by Geo Ford Philadelphia
of inflammation - and in some cases, the aggregat and
isolated granules have been found enlarged and softened.

And perhaps much more so than in cutaneous or lymphatic
fever. For this phenomenon necessarily associated with
the lymphous state of scarlatina. The fevers are frequent
ly found congested or inflamed. Often, when the pa-
tient has died early, no edems of any kind are discover-
able which can explain the result. The blood is in dif-
ferent states in different cases, in some thick and syrupy;
in some dark, in others red; in some finally, liquid,
and in others coagulated.

From the observations of Audral and Garret, it would
appear in life preserved just about the mean of fibrin,
while the red corpuscles are increased; but a more ex-
tensive series of observations is required.

General Prognosis. Scarlatina

Scarlatina is a mild disease; and with proper treatment
can usually terminate otherwise than favorably.

Scarlatina Anginosa is more serious, and sometimes
terminates fatally. The cases are most favourable
when the eruption is bright, colored, and comes out
early. Scarlatina Maligna is truly formidable,
carrying off all the young of families in spite of the
physician's best endeavours.
The head may be the cause of death. The symptoms are excessive heat, acrid delirium succeeded by coma.

The state of the throat is very dangerous. In the course of the disorder it ulcerates, becomes sloughy or gangrenous. While the patient is almost helpless for respiration, being almost impermeable to air, a discharge pours forth from them, rending and festering, exciting the blue rash and upper lip.

Inflammation seizing the parotid and submaxillary glands, they greatly increase in size, the disease is renewed in this manner, often terminating fatally.

Diarhœum of a smearing kind caused by the acrid matter from the throat passing downwards and irritating the bowels is often present: from the same matter the nose is likewise diseased. The swollen cervical glands causing constriction of the fauces, and stiffness of the neck, by pressure on the jugular veins prevent the return of venous blood from the cranium, thus perhaps originating a tendency to coma. Hence prognosis can not be favourable. A few patients with great care and attention regain their health, but recovery in general is unfrequent.

In some patients, who have lingered longest, some faint hope of recovery, dawning of the mates and back bears, tracing out their little remaining strength and carrying them off.
Sequelae. After the fever is past, and the rash has disappeared there are various sequelae which may affect the patient, and are often as important as the original malady, and sometimes more distressing.

The swelling of the glands may continue, especially if those of the lower jaw have been affected, and suppurating may be followed for a long time by a purulent discharge; absence of diet and discomfort to the patient; occasionally meeting out the exhausted sufferer, causing death by hectic fever. This is most apt to occur in strumous children, especially if of a debilitated habit of body.

Inflammation of the ear, with a chronic purulent foetid discharge often occurs, sometimes followed by ulceration of the membrane tympanica, discharge of the small bones of the ear, and last frequently resulting in permanent deafness, or partial loss of hearing from a stricture and condition of the eustachian tube due to inflammation.

Ozena, a purulent discharge from the nostrils, most foetid in character not infrequently occurs, while lasting emaciating the very life of the patient, reducing him at once an object of pity and disgust to his friends.

During scarlet fever all the mucous surfaces seem to suffer more or less, irrita-
long diarrhœa of a very intractable kind occurs, and in some epidemics a mucopurulent discharge has been noticed issuing from the vagina of female children. Inflammations of the serous membranes are not apt to occur without any sexual disorder. For example periarteritis has been noticed by Dr. Scott Alison to occur in connection with or following lactation, no sexual disease affecting the patient at the same time. But with this complication may be frequently found a subacute form of rheumatism. Hence one might be inclined to attribute the serous inflammation rather to the effects of the altered flow of the blood, than to the poison of the disease under consideration. Dr. Milson does not think that the swollen and painful joints found with this affection are due to rheumatism; giving as a reason that they were benefited by friction. Which he says may distinguish this articcular affection from true rheumatism, and he regards both the articcular and cardiac affections tbe due to the same cause, namely, the retention of the poisonous excrement by default of the principal emunctories, and especially the kidney. It is said that pleuritis and peritonitis sometimes occur, being most commonly met with when the
Special sequelae are present.

But the most common as well as the most important sequel of the affection is "Drospay" associated with a desquamation of the skin, designated by Dr. George Johnson "Acute desquamative nephritis". The drospay is an area infiltration of the subcutaneous cellular tissue, and often in connection with it severe effusion into one or other of the cavities. This is indeed a pernicious sequel of a disease often so mild in its nature. Indeed its apparent freedom from present danger, seems indirectly to bring the patient into this undesirable condition.

During desquamation when the cuticle is gradually separated from the surface of the body, the function of the skin is interfered with, and additional weight is thrown on the kidneys. The connection between the skin and kidneys has been thoroughly demonstrated by physiological and clinical observations, so that it is now received as an axiom that when the one is unable thoroughly to perform its function, increased labors falls on the other. The kidneys being unusually active at a time when they are experiencing a change themselves, are very apt to suffer after any very sudden exposure to cold or damp.

A causal cause of the drospay has been given, namely, a too sudden or premature change from the cool diet of the
diet form, to a highly nitroglycerined animal diet. After subsisting for a certain time on mild farinaceous food, the minked has too suddenly yielded to the cravings of his appetite, and indulged largely in animal food without first partaking of an intermediate diet of a milder kind. The reason of this indulgence acting vigorously is that sudden shock thrown on the unfed kidneys in exciting this newly received blood pressure to such an extent that the pressure elements of the urine, which accumulating in the blood, soon seep their way into the cellular tissue or become sacs.

Dodd of Philadelphia doubts that cold or damp in most instances should be considered an exciting cause. He remarks: "According to my observation, dropsy has generally occurred more frequently after mild than severe cases; and authors generally admit the equal liability of these different grades. It sometimes follows cases in which the same may but very slight by deceased and where no exposure to cold can be shown to have existed."

Patient are liable to have dropsy after the mild at first, as after the most severe, and some German authors remark that this occurs more fre-
greatly after mild than after severe attack. Why is this? In truth it can scarcely be said that the mild attacks were predisposed to the effusion of serum that the more severe ones, but that less caution is observed in these cases. During convalescence after a severe attack when extreme danger and even death were apparently at hand the patient is generally well guarded from every thing that may tend to render recovery protracted or return to health doubtful. The patient having become aware of his frailty and his inability to think for himself medically, obeying passively the utmost mandate of his physicians. He keeps close this bed the appointed time, being thus protected from cold. His diet is duly regulated, being light and wholesome. On the contrary after a light attack, when the febrile disturbance is past, another rash disappeared, all that remains to remind the patient that recovery is not complete is a slight scaling off of the skin or peeling off of the part of large pieces, which frequently is disregarded. In such a case the invalid especially the has arrived at the year of discretion nor imagining himself self will see no necessity for remaining constantly within doors and certainly knows no reason for keep
within bed. The duty of the physician is thought to have been accomplished, and his visits are expected to cease; but should he persist in attending, his visit are apt to be regarded in a disagreeable light. Becoming careless of himself, cold and clammy, self-avoided, and soon after exposure serious effects begin to appear. The symptoms are the following: The patient feels languid and weak, and is unfit for bodily or mental exertion. Perhaps nausea, a disagreeable feeling in the stomach, with vomiting and loss of appetite may annoy and irritate the patient. The bowels are generally constipated. Some pain is felt in the loin over the kidneys. Pain not confined to this region, but running down towards the lower extremities.

To these premonitory symptoms succeed sometime, pains in various parts of the body, but they are not constant, and are scarcely symptomatic of this condition. The face becomes puffing and pale. The eyelids (especially the lower one) are somewhat swollen. The pulse which at first was slow and irregular becomes more frequent. Immediately the condition of the urine denotes a degeneration of the renal functions. There may be sickness (the urines con-
plethysmometry, or only a few drops passed. At all events, the amount of urine is generally found much diminished.

State of the Urine. On examining the urine in a clean glass vessel, (holding it between the eyes and the clear light of day) it may be observed distinctly bloody, muddy or smoky. (The smoky appearance is due to a certain amount of blood.) By means of heat and nitric acid, trace of Albumen may be detected. The mere presence of Albumen in the urine is no certain sign that dysentery is already present, or will presently manifest itself. Always, during the course of Scarlet Fever, there is a tendency to the formation of Albumen, at some period of the fever. But the presence is temporary, it soon passes away, lasting from one to three or ten days, generally not more than five days. Then it has once disappeared from the urine, it does not reappear if the congestion be natural. It is present in the simplest form of fever, in its mildest attacks. The quantity is often small; sometimes the application of heat will produce a very faint cloud. Often a trace only can be detected which may be passed over unnoticed unless the urine be carefully and frequently examined. While this temporary Albumenuria is in existence, the urine is passed in normal amount and the specific gravity continues
high. But while the albumen is present the urine becomes diminished in quantity or wholly suppressed. Dyspepsia may be expected.

Microscopic examination. By means of the microscope a fluid in the urine blood globules, epithelium, and epithelial casts; the latter said to be formed by the fibrin from the blood forming mounds in the uriniferous tubules, with which the epithelium becomes entangled.

Under proper treatment, by far the greater number of cases recover leaving the kidneys unimpaired; although there do certainly occur some cases of dyspepsia connected with chronic renal disease. Thoseridge become undoubtedly connected with the sequel of Scarlatina. In a few cases of dyspepsia with arrest of treatment or complete suppression of urine very violent nervous symptoms have been observed, such as: Headache, with tenderness of the temporal joint, violent headache, and dilated pupils, and sometimes convulsions indicating effusion within the cranium. The convulsions resemble those of epilepsy. And are occasionally followed by hemiplegia, that form of paralysis so common in epilepsy. Sometimes omitting in the earliest indication of cerebral disturbance.

Etiology of Scarlatina. That this is an infective dis-
disease there can be no doubt, besides it is admitted to be
one of the most infectious of the Exanthemata. It seems
rarely, to originate spontaneously, nor to rest its origin in
putrid excreta, or results from decomposing ani-
mal or vegetable matter. The simple fact that one mem-
ber after another in the same family, being attacked after
days after its first appearance would seem to prove its
contagious nature. There are but few, if any cases on
record, in which several members were attacked by
the disease, all the others residing with that family
escaped. It may be propagated through the atmos-
phere, or by fomites or clothing. The medical atten-
dant has sometimes been attacked by scarlet fever after
having inhaled the breath of a patient so affected,
while examining the throat.

The lesion may remain in the clothes of a patient, or the
covering of a bed previously occupied by a sufferer from
this disease for a long time: for weeks, or even months.

Dr. Nelson relates a case in which the disease was re-
kindled by the use of a piece of flannel which en-
circled the neck of a patient thirteen months previously.

It is often noticed that in questionings at patients with
scarlet fever in the Infirmary, concerning diseases
existing diseases existing in their families, they almost al-
may remember that one has been, or is sick of fever either in their usual residence, or in some neighbour's house, since they have last visit.

Scarlatina like other febrile diseases frequently is an Epidemic, affecting particular localities while others in the vicinity are quite free from it. The epidemic may be limited to one part of the country, to one town, or even to some particular portion of a town. Various epidemics vary in their effect.

Sometimes one appears of a very mild nature, scarcely giving the name of a disease, those suffering but little, an unfavorable termination being the exception, not the rule. Sometimes an epidemic appears in its most grievous form, prostrating all before it, recovery seldom occurring. It may be acute or inflammatory, or ashen, exhibiting decided aphasis.

The effects of Remedies vary in three different types. While in the strict physiologic treatment, with blood letting seems necessary for the well doing of the patient, in others not only is blood letting contraindicated, but death prove victor if remedies of specially opposite effect be not used.

Age. Children are more easily affected than adults, but at no period of life is one wholly exempt. The most of those affected are under ten years. The most frequent
adults taking the disease is small, both from their slight liability to be affected, and also because probably many of them suffered in childhood. Never after fifty the disease is far from frequent. Notwithstanding adults don't wholly escape. They suffer less than others. The reason of this would seem to be that the duties of their call them away from home, and cause them to be less exposed to contagion than promenaders who are obliged to spend much of their time within doors, and to meet upon those who may require care and nursing.

Generally, a fever having been once attacked is exempt for the remainder of life. Exceptions do occur, but they are rare. Dr. Wood thinks that when the same individual is said to have had scarlet fever twice, one of the attacks was roseola or erythema.

TREATMENT

In the milder cases of scarlatina scarcely any treatment is required. The disease of itself with moderate care tends towards rapid recovery, and perhaps the less one attempts to interfere with or arrest its progress the better for the patient. The patient should be confined to the house, and according to some authors should be invariably confined strict to in the mildest cases.

Their reason is that drapery is thus more effectually
guarded against. The diet should be light, and strictly anti-
pyretic; animal food being prohibited. The room
air kept free, ventilation should be attended to, and
if the weather be warm, the windows may be kept open
to admit the fresh air freely. If the patient be thirsty,
cooling drinks may be freely given with no fear of bad
consequences. The Aqua Aetatae ammoniacae frequently
administered in cold mixtures is very grateful to the patients.
A mild emetic (Elastor poison and Pernish or Pernish alone)
given early is said to reduce the fever more quickly, and
is supposed to lessen the febrile symptoms, at the same time,
relieving the skin and removing the irritant matter from
the throat and fauces. Certainly it renders the patient more
comfortable. In one work the emetic is recommended to
be immediately followed by a purgative. A broom-brush
Colonel preferable for this purpose "to be followed if it
do not operate thoroughly in six or twelve hours by Caster
oil, Magnesia, or one of the saline laxatives."

Sydenham advises the patient to remain in the house
but not always in bed, and at the end of the illness when
the desquamation was too found a purge "useful.
If heat of skin be complained of, the use of the
Cold affusion has been productive of great comfort, and
the patient being strong and the weather warm, has been
Elliotson's Principles & Practice of Medicine
Edited by Dr. Rogers.
followed by no bad results. It not only cools the burning skin, but seems to have a tonic or restorative effect, removing the painful sense of languor or fatigue, and really seeming to invigorate the patient. D. Elliott remarks that the disease has certainly been cut short by taking a patient out of bed and pouring cold water upon him. Although he says that the heat of body is so great in this disease that no chills are likely feared, yet he gives the following caution: "Those rules you remember are that the temperature is steadily above 98 degrees; that there are no purges, nor general evacuations; and that there is no cure of chilliness; and the inflammation of the chest or abdomen."

As a general rule the most pleasant mode of treatment is not very often followed now. Most physicians are content to sponge the surface of the body with cold or tepid water. By some the addition of a little essence is regarded as an advantage; others recommend the Lydia affusion, and the warm bath.

In Pneumonia Anginosa, and Pneumonia Maligna, a more energetic course of treatment is necessary. Here the cold affusion seems hardly safe, but there is no objection to fomentation. There can be no general treatment, but with the
Notes on the Principles and Practice of Physic
most careful watching for the development of the different phenomena, each symptom must be treated as it presents itself. If head symptoms appear and the patient wanders, or becomes suddenly tense, decided delirium supervening, shaving the head followed by the application of cold, has been found beneficial.

If the terrors are greatly enlarged and congested, seeming to prevent the return of venous blood from the head and the case ethereal with full or slow pulse, leeches may be applied behind the ear. The terrors are thus relieved and the balance of the cerebral circulation may thus perhaps be restored. In regard to the use of one very powerful remedy, i.e. bloodletting, medical authors do not quite agree. Dr. Nathan remarks that, "if the fever were extreme, and the delirium violent, I might cautiously let blood from the arm, and watch the result." If the inflammatory symptoms run high of course it will be necessary to bleed from the arm" such was the opinion of Dr. Elliston, also he adds "in this disease very violent phlebitis will sometimes come on. So the most part this inflammation may be subdued by local bleeding, and it is best to remove it by that means, if you can, because you produce relief thereby, rather than if you let blood from
Elliston's Principles and Practice of Medicine

Evanson & Harewell on the Diseases of Children

Kest on Diseases of Children
form the arm with a sudden shock. It is the remem-
bered however, that the case may be so progressive as to
render general bleeding imperative.
Esenwein and Mauvessay speaking of this disease as-
unt the necessity of bleeding in some cases, especially
those inflammatory affections of the mucous have been de-
noted early. "When required" (they say) "enough must
be letten to control the inflammatory tendency but
not the risk more."
Although Dr. West has certainly found the local ab-
striction of blood beneficial, yet he does not very favour-
ablely regard depletion. "The results afforded by de-
pletion in febrile cases even when the disease occurs in
an adult are by no means encouraging, and with
child, the loss of blood under these circumstances
is even life well borne; so that unless the patient be
robust and phthisic, the cerebral distemper very
severe, and the evidences of congestion of the brain
evry marked, you should content yourself with
the application of cold to the head, perhaps em-
ploying cold affusion, and cold sponging to the surface.
An author writing in 1827, rather deprecates the
practice remarking "That the affection of the
heart, therefore, be evidently inflammatory, should
Underwood of Diseases of Children, Page 333.


Hodg's Practice of Medicine.
A case occur where the floor may seem blue of that kind (which may be better accounted by the hardness of the pulse than any other symptom) it will rarely bear bleeding, even in the beginning of the disease; symptoms of debility generally attend in some period of the Small-pox, and will only bear that middle course of treatment hinted at above.

In the opinion of Dr. Ludlow of Philadelphia, blood letting by means of leeches et cetera is very seldom necessary, although he thinks it may be sometimes useful in the post small-pox feaver.

Dr. George Wood of Philadelphia gives his views on the subject with caution, evidently desirous of erring by leaning to either extreme of treatment. In cases of some inflammation accompanying small-pox he found leeching, wrapping, and evacuating advantageous. But his opinion regarding the practice seems embodied in the following sentence: "I have seldom found it advisable to bleed in any case, and do not remember an instance in which I have ever done so except in my absence of.

Then experienced authorities serve differ concerning the employment of the remedy: What rule of practice is the young practitioner to follow? Possibly..."
The safest course is a middle one, running neither extreme, neither entirely locking up bleeding nor leaving it to the last occasion, but carefully gauging the character of the epidemic prevailing at the time, and especially observing the particular case in hand, so learning when the remedy may be justly employed, and when it may be with advantage withheld.

If a cholera-like prelude, and the patient be in full vigour of life, with decided head-symptoms, high delirium, be evidently dependent on a disordered central circulation, and altered pulse giving evidence of no quickened circulation, the physician could scarcely be blamed if to aid his other remedies he had recourse to the lancet. But if on the other hand, a malignant variety were present in that locality, constantly prostrating the patient at once, and in its mildest forces assuming a low adynamic type, no good could be expected from depletion. Here a precisely opposite plan of treatment is evidently indicated:

Three central symptoms do not appear.

The bowels should be kept open. In the diarrhoea which is occasionally present in Typhoid, Castor oil with Spiritus aetherii is very good. The bowels
are thus cleared out, and are less apt to be irritated by the albuminous matters passing through them. Salicylic drinks are found the very refreshing. Then the fever is well developed. Dilute of Ammonia in solution, or with an excess of Carbonate of Ammonia of the patient be made, or Acrate of Ammonia, or the Muria is useful. Some practitioners give minute doses of Salta Fracte where there is no Asthma and the stomach is not irritable.

The frequent but moderate use of Cold Brite as a drink may be allowed; or the patient may be permitted to hold ice in the mouth if the thirst.

In Sculatura Maligna frequently all care and treatment are ineffectual in arresting the progress of the disease. The patient is stricken down by the violence of the fever, remedies having little or no effect. In such cases, the treatment must be stimulatory. Tonics and stimulants must be resorted to without delay. These must be the physician's sheet anchor, and the only hope or means of saving the patient's life in prompt action. Sulphate of Quinine or the
Compound infusion of Peruvian Bark has been highly lauded. It is also much to be frequently and freely given with the hope of sustaining the strength, until the period of the disease be past.

Broth and strong soups are advisable in the advanced stages.

Local remedies also demand a share of attention. Pissaria gargles are recommended for the throat according to the severity of its affection. Chlorine water has been found very serviceable. When purulent ulceration has set in, solutions of Chloride of Soda, Biuret of Silver, or Sulphate of Lime may be used. In cases where pseudo-membranous pustules are seen in the faucæ, with a dark colored mucous membrane, Dr. Wood speaks highly of the infusion of Colloeium, or the pounded red pepper itself, diffused in brine and boiling as.

In cases where children can not gargle, one of the above solutions may be applied by means of a Camile hair brush, or injected from a syringe through the nostrils, or washed against the back of the faucæ.

Chloride itself has been used with great success; also the Chlorate of Potash.

When the throat is very painful external applications
are sometimes good. If the case be athermic, blisters applied to the throat are apt to cause coughs, and press yielding with difficulty to treatment, and tedious healing. Astringents may be used, or if the use of Capericum, or oil of juniper with trust oil. A large inelastic poultice applied directly to the throat has occasionally been found very soothing.

During convalescence the patients must be carefully protected from cold and damp, until the usual period at which dyspepsia appears is past. The patient should keep his bed for a long time, and before venturing into the open air, should make sure that desquamation is complete.

If albumen appears in the urine, and slight dyspepsia manifest itself, diuretics and purgatives must be administered. The mixture of the sesqui-chloride of iron is a good remedy where the patient are weak and pale. Diaphoretics such as the fever balsam or radice bath are useful. Strong diuretics are to be avoided, since they dry the kidneys are emaciated.

**Treatment of the Puerperæ**

If the placenta of the nest suppurate poultices may be applied; milk tories, and generous diet at the time.
time to support the strength. The discharge from
the nostrils, the diarrhoea, and its inflammation
of the term membrane must be treated as they
would be occurring independently of the inflammation.
The patient must be under careful supervision lest
focal symptoms appear. If eruptions, ulcers,
or erma occur, the general principles of treatment
will suggest the measures appropriate for each case.

Prophylactic Treatment.

Dr. Hahnemann of Leipsic recommended Bella-
dona as a preventive remedy in scarlatina.
He advised it be used thus: "Take two grains of extract
of Belladonna, and dissolve it in an ounce of Cinnamon
water, or some water, and give 1/7 of this solution to a
child 2 years old or you may prevent the disease.
("Elliott's Principles of Practice of Medicine")

To prove the efficiency of this drug as prophylactic
in scarlatina, many experiments have been made,
and have generally failed in proving the correctness
of Hahnemann's statement, so that it is no gener-
ally concluded that to try the least, the power of Bell-
adonna in preventing scarlet from Romanus is proved.
In fact, the experiment made by Mr. Benjamin Bell
in St. George's Hospital in 1857 have almost clearly
proved that this drug does not afford any protection against Seaulatone.

The following account of his experiments is from Dr. Watts's "Principles and Practice ofPhysic."

"I planted four having broken out within the building. Belladonna was given to fifty-four healthy boys at first in doses which caused dilatation of the pupil, and impaired vision. The drug was therefore not meet. After this plan had been in operation a month - after a full time allowed them for the development of the protecting influence of the Belladonna, if it really existed - only of these fifty-four boys lost the disease."

In the foregoing pages I have endeavoured to give a brief account of Seaulatone in its different forms, treating in turn - The Symptoms, Prognosis, Medical Anatomy, Etiology, and Treatment. Although I have seen many cases in the Royal Infirmary and in my outdoor Dispensary practice, yet they have all been of a mild form, recovering well, and presenting no symptoms differing from those usually mentioned by lexicographers and writers on this subject.
Such being the case I can pretend to no original suggestions, but must regard my thesis as an embodiment of the views of different writers modified by the knowledge acquired at the bedside of patients in the various wards in the Infirmary.

The books which I have consulted are, Dr. Woodward's Practice of Medicine, Dr. Bateson's Principles and Practice of Physic, Ludlow's Manual of Examinations, Elinson's Principles and Practice of Medicine, 1st on "Diseases of Children" Evanson v. Munnell on "Diseases of Children", Underwood on "Diseases of Children", "Tracts of Lydenham Vol I. (cotyphanne Society)."

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