

With the interruption of the intermittent fever, the patient became completely convalescent, and is now, July 15th, in good health, doing her own work. The aperture in the walls of the abdomen remains just as distinct as before, though of course not so large in extent; and yet she suffers no inconvenience from it.

As to the precise time when this rupture in the muscles took place, I could learn nothing from the patient, only that such an enlargement of the abdomen with difficulty of voiding urine was attendant upon her second pregnancy, after about the fourth month.

In reflecting upon this case, several questions occur to me, which it is perhaps easier to ask than to answer.

Could this aperture have been congenital? Could it have been enlarged from an old umbilical hernia? Could a rupture of those muscles have been made by a distended bladder? Was the distention of the bladder caused by, or did it cause, the retroversion of the pregnant uterus?

If, with her second pregnancy, there had been retroversion of the uterus, and the symptoms had continued unrelieved, could labor have taken place naturally, quickly, and easily?

If the Fellows of the Society can answer these questions they will greatly oblige a corresponding member.—*Gynaecological Journal*.

Treatment of Scarlet Fever.

In a sensible paper on scarlet fever, by Walter Fergus, the following remarks, in a somewhat less condensed form, occur. Medicines easily become poisons in scarlet fever; a smart purge or a repeated emetic not unfrequently changes a moderate and regular attack into one of peril, increasing the danger of all the symptoms. Next to a good supply of air and a comfortable bed, quietness is of the utmost consequence; a fussy nurse, or over-anxious parents, turn the scale against the patient with unerring certainty. An emetic of sulphate of zinc and ipecacuanha wine in the earliest stage of the disease is of use, helping, as it generally does, reaction; but it should not be repeated with a view of cutting short a disease which will run its course. If the patient can be kept alive for from seven to nine days, he will most probably make a good recovery. After the emetic the patient should be allowed to sleep as much as possible; the more he sleeps on the first two or three days of the attack, the better. Two remedies have proved almost equally useful. Chlorine gas in a

sweetened solution is most grateful to the patient, and evidently helps him in his battle; but a better medicine is the liquor of acetate of ammonia, with a considerable excess of carbonate of ammonia, with ten minims of spirit of nitric ether in each dose. It should be given in doses repeated with greater frequency in severe cases. Gargles are useful in cooling and relieving the throat; a weak solution of chlorine gas sweetened, or of Condy's fluid, answers well as a gargle. It is a good practice to make a patient gargle before taking food or medicine. Nitrate of silver or strong hydrochloric acid must be used if there is much blocking up of the fauces, or grey patches on their surface. Ice is of immense use where there is either great throat affection or sickness. The pleasantest drink is soda-water given freely, with wine added when required. The disease seems to produce a stretching or distension of all the soft structures, and the treatment should therefore be directed to the restoration of the tone of these structures. With this view, iron and quinine may be given early. From the fifth or sixth day, six grains of the sulphate of iron, magnesia, and quinine, should be given with the ammonia draught, and this mixture may be continued till convalescence is complete. The external treatment is of great importance; rapid sponging with vinegar and water is called for if the patient do not sleep, or if there is much irritation of the skin. In cases with extreme development of the rash and burning skin, the cold douche, rapidly given, acts like a charm. The patient, placed in a sponging bath close to the bed, has four or five wash-hand basins of cold water poured in quick succession over him, is quickly rubbed dry and put to bed, when, if the treatment has done good, he drops off to sleep almost at once. In the early stages warm baths do harm, nor should they be used until a certain amount of restoration of tone has taken place. Anointing the patient with fatty substances early in the disease is not likely to benefit the patient; it may arrest to a certain extent the diffusion of the separated cuticle. Scrubbing the skin with carbolic acid soap ought to be postponed to a late period of the disease. Before the restoration stage is reached, every exertion on the part of the patient should be avoided. Close-stools near to the bed should be provided, and always kept charged with a disinfectant. A well-regulated and sufficient diet, with a change of air as soon as a removal is prudent, completes the recovery. Occupation, and especially mental occupation, must be cautiously resumed. Long after recovery the brain frequently shows signs of slow restoration of power.—*Practitioner—Lancet*.