

could not be roused. I had a pail of the coldest water that could be brought in, and while two assistants held his head clear of the bed, I poured the water gently all over it for nearly an hour, when he could be roused, and with a little further application he became quite himself. I directed the nurse, in anticipation of the throat difficulty, to apply thick cloths wrung out of the coldest water and frequently changed; but, after all the precautions, I had to remove the cloths and pour the water over his neck for some time and repeat the process from time to time to keep the swelling under control. The rash appeared during the night. I found on remitting the applications for even a short time the rash became abundant, the skin intensely hot, and the delirium returned. (He had no medicine, except to move his bowels as needed.) The constant application of cold water, more especially to the neck and head, was continued through the first four days and nights of the attack, the crisis usually taking place on the fifth day, which proved true in this case. He was able to be up on the seventh day and required but little more attendance. Several cases came under my care where I could not inspire confidence in the cold treatment, and in every such case the disease either ran a lengthened course and the patient finally succumbed, or convalesced slowly with the loss or impairment of hearing, smell, or the destruction of a portion of the soft palate and nasal mucous lining. During the prevalence of this epidemic two rather remarkable cases occurred. A. H., aged 19, requested me to examine her throat, in which there was a heightened color of the tonsils, but no swelling. I told her she was threatened with quinsy, gave a diaphoretic and desired her to leave school for a few days, and when home to apply a cold wet cloth to her throat. I was sent for in the afternoon and found her complaining of her throat very much, but could see only increased redness and a fulness of the soft palate. Pulse 100 and some fever, but nothing serious indicated. Sent for again about 9 p.m. same evening, and found all the parts within much congested, having a purplish-red appearance and considerably swollen. Externally, the neck, especially in the region of the parotid and sub-maxillary glands, was becoming enlarged. Pulse 130; skin very hot, and breathing hurried with great restless-

ness. Her mind remained clear throughout. I told the parents that there could be no doubt but it was malignant scarlatina, and that there was but one way to save her, and that was to apply cold in the most constant and energetic manner. Cloths were wrung out of the coldest water and put around the neck and changed every few minutes, and the water poured on occasionally to ensure a constant degree of cold. Her mouth and throat were frequently gargled with cold water, as ice could not be had. This gave great relief. No medicines or nourishment could be given, as she could swallow nothing. Second day—I had little hopes of my patient, but directed them not to intermit the treatment in the least. No fibrinous patches were to be seen, nor was there any appearance of rash throughout. Pulse same as yesterday and temperature very high. She was still conscious, but inclined to drowsiness and stupor. Third day—Patient much the same as yesterday; but there is a feeling of great fulness in the throat and sense of suffocation. Pulse 134; very compressible and temperature very high; extremities inclined to be cool. She is greatly prostrated,—cannot swallow the least thing. Between my visits this day an abscess in the throat broke and discharged several ounces of pus and blood, nearly suffocating the patient. I found my patient in the evening more calm and breathing more easily. Pulse 120 and throat looking better. The tongue, as in every case, was intensely red. I directed a continuance of the treatment sufficient to control the fever, and to give milk as soon as she could take it. Fourth day—Much improved this morning—took some milk during the night—ordered chicken broth, and to keep the cold still to the throat. Fifth day—Patient rapidly convalescing. I had no further trouble, and at the end of three weeks she was again teaching. Case 2.—On the fifth day of the first case, her sister suffered an attack of the same character, and, if possible, more severe. It ran the same course and terminated in recovery in about the same time. The treatment was carried out with the same energy and perseverance as in case 1, and being earlier commenced, there was no suppuration—no appearance of rash, and desquamation followed in each case. Convalescence was equally rapid as in the first case. Was the disease communicated from 1st to 2nd