remarks on this point. Another fact of interest in the case now reported, is the low temperature which continued throughout the day succeeding the most severe symptoms.

TREATMENT OF SCARLET FEVER.

By T. W. Egbert, M.D.

(Transactions of the Pennsylvania State Medical Society.)

Dr. Egbert discards the idea of varieties, believing scarlet fever to be one and the same disease, in all places and under all circumstances, modified by atmospheric, hygienic, and other known and unknown influences. His treatment, from beginning to end of a recent epidemic, was uniform, simple, and he thinks novel to many practitioners; but he wishes the successful results to speak for themselves. He treated two hundred and seventy cases, with but a *single* death; and in that case his directions were reversed by the nurse, who applied hot instead of cold applications to the throat. From the incipiency of the disease until the desquamation is perfect, he prescribes the following mixture:—℞. Acid. muriatic, f℥j; Syr. simplicis, f℥ij; Potass. chloratis, ℥iij; Aquæ rosæ, f℥iv. Mix. Sig. Half tablespoonful every two hours. The dose designated in the above prescription would be for a child six years of age, double the amount being necessary for an adult, and smaller quantities for a younger child. Where there is much restlessness and nervous irritability he administers paregoric in sufficient quantities to soothe the patient and allay those symptoms. He never found it necessary to use gargles, probangs, or the pencil to the fauces or throat. In one case—that of a male adult, aged twenty-four married; confined to his bed, with the characteristic scarlet blush making its appearance on the face and neck; general symptoms all present in an aggregate form; he prescribed ℞. Acid. muriatic, f℥ij; Syr. sympliceis, fiij℥; Potas. chloratis, ℥iv; Tr. opii camph. ℥j; Aquæ rosæ ℥fiv. Mix. Sig. Tablespoonful every two, three, or four hours. As to this case, he says: "This was the principal treatment until the twelfth day, when the febrile symptoms had all subsided and desquamation well advanced; with the exception of simple tonics, continued for ten days or two weeks longer this was the entire treatment of this case, and in sixteen days from the first appearance of the blush he was at the office, attending to his ordinary business, being an oil broker. The reader can judge of the severity of this case and of the efficacy of the treatment, when I state that there were no bad sequelæ, except perfect *onychoptosis* of both hands and feet. In a few cases where there was much congestion about the fauces and throat, ulceration of the uvula and fauces, and enlargement and induration of the parotid and submaxillary glands, I found it necessary to use the ice-bag, applied snugly to throat and neck until relief was obtained, which was generally in from six to twenty-four hours, being careful not to freeze parts by continuous application too long at a time.

CLINICAL REMARKS ON EMPYEMA.

By Samuel Wilkes, M.D., F.R.C.P., Senior Physician to Guy's Hospital.

In empyema the lung of the affected side becomes contracted, condensed, and unable to expand; consequently when the fluid in the pleural sac becomes absorbed, the chest walls gradually retract. On the healthy side the lung becomes the seat of a compensatory hypertrophy, just as one kidney enlarges if the action of the other be interfered with. The cure of a case is therefore very tedious, as time must be allowed for the recession of the firm and resisting chest wall. The walls must fall to the lungs, as the lungs cannot expand to the walls. It is impossible for the lung to expand when covered with a layer of lymph. Dr. Wilkes was unable to expand a lung post-mortem by means of the bellows, in a case of pleurisy of but six weeks' duration, but when he removed the layer of lymph from the visceral pleura, expansion was readily performed. If there are no signs of absorption of the pus, it is the best treatment to make an opening into the sac, and evacuate the contents. The cavity will then gradually close, partly by the formation of granulations, but chiefly by the recession of the chest walls. Care must be exercised to prevent decomposition of the matters that collect in the sac. This is best done by washing out the cavity several times daily with some carbolic acid solution or Condy's fluid.

ON THE TREATMENT OF CHRONIC DYSENTERY.

By Stephen H. Ward, M.D., F.R.C.P.

(Medical Times and Gazette.)

The first thing to be insisted upon is rest in bed, and in the recumbent position, in which the bowels are best kept quiet.

Diet stands next in importance to rest. That kind of diet should be ordered which gives least work to the alimentary canal, and which is most likely to be assimilated should the mesenteric glands be implicated, and which will send down to the large bowel a minimum amount of irritating waste material. Milk is the best form of nourishment in these cases; flour boiled with milk is a good combination; farinaceous articles of diet are also admissible. As a rule the patients do better without alcoholic stimuli; but where there is much prostration these must be given.

It is important that an even temperature should be maintained in the bed room or ward by night as well as by day. It had long been remarked that patients passing, say, twenty stools in twenty-four hours, would pass a large proportion of them in the night time. The action of the skin, which it is desirable not to check, can be evenly maintained in bed. Dr. Ward has found the application of a broad flannel roller in some cases to do good by carrying out the indication of support and local surface-warmth. During the period of convalescence, flannel next the skin, and otherwise adequate clothing, are essential.

Special remedial agents render important service