

The weather was cold, and the child got exposed to a current of cold air. Next morning the child was allowed up again, though it was not so lively as it had been the day before. Towards evening its face was noticed to be fuller than usual, and yesterday the feet began to swell. To-day it presents the following physical symptoms: Face swollen and pallid, there is general anasarca over the rest of the body, the degree of the distension of the skin being very well marked over the legs. The amount of urine passed is much diminished, and the specimen we have obtained is decidedly smoky in appearance, and by the old test of heat and nitric acid, albumen is shown to be present in considerable quantity. The diagnosis is made without difficulty, it is a case of scarlatinal dropsy, or acute desquamative nephritis. This is a common affection and most important. It generally occurs about the second or third week of scarlet fever, when desquamation is at its height. As a rule it is more frequently met with following mild than severe scarlatina. The reason for this is obvious. In severe cases the patient is compelled to keep to bed till the period of danger has passed. In mild cases the patient, as in the case now before us, is allowed to leave bed at the period of greatest susceptibility. I cannot impress you too strongly with the fact that scarlet fever is the mother of acute nephritis, and that great care is necessary in treating the mother disease, with a view of preventing this greatly dreaded sequelae. The most common form of effusion is anasarca, but it may be followed by oedema of the lung, hydrothorax, hydropericardium or ascites.

The exciting cause is cold. The disease is rarely known to occur if the patient is confined to bed till after the 21st day. I have seen it occur on the 14th day by allowing the patient out of bed and giving him the run of the house, being thus exposed to draughts from open windows and doors. It occasionally comes on suddenly, but as a general rule its onset is slow. The urine in most cases has a smoky appearance for several days before the other symptoms supervene. The constitutional symptoms are marked. The patient droops, is languid and irritable, the temperature varies from 100 deg. F. to 102 deg. F., the pulse is quickened and is hard and sometimes jerking, appetite is either lost or is much impaired, more or less thirst, bowels generally constipated, urine diminished, sometimes headache, nausea and vomiting. Occasionally there is hardly anything noticeable beyond what