

In this first case of scarlatina then, let it be noted that about the same time that the anasarca appeared, acute pleurisy set in with effusion, and after six weeks of unsuccessful treatment thoracentesis was performed on the 20th May, and *pus* was evacuated. The operation was repeated upon the 24th and upon the 29th: signs of expansion of the lung existed on the 31st, and the child recovered promptly.

*Case II.*—On the 21st May, 1864, and about nineteen days after the invasion of mild scarlatina, a fine child, aged 3 years, presented the symptoms of general dropsy. A dose of compound powder of jalap every other morning, a warm water and soap bath every night, and a solution of acetate of ammonia every four hours were ordered.

The anasarca did not increase; but about the 27th I noticed that his cough, which had been slight on the 22nd, was marked, and on examining the chest discovered almost wooden dulness and feeble respiration all around the lower half of right chest, and a clear note on percussion over the upper half; the breathing rather short and frequent, and decubitus towards affected side. A mixture of Iodide Potassium and Liq. Ammonia Acetatis was ordered: the side to be rubbed three times a day with Ung. Iodid Potass.

June 1.—Right side of chest much enlarged, and its intercostal spaces on a level with the ribs; expansion movement much reduced; the whole of that side emits a wooden dull note, except close under the clavicle, where it is of a modified, tubular character; respiration audible all over the right chest, but feebly over its lower two-thirds; hyper-resonance, with exaggerated respiratory murmur over left chest; decubitus altogether on the right side; frequent cough; anasarca stationary. Treatment continued.

On the night of the 7th June the father called to say that about two hours previously his child had *suddenly* become weak, his face pale, and his breathing embarrassed. Ordered frequent sinapisms and a mixture of Aromatic Spirits of Ammonia with Sweet Spirits of Nitre, and a little gin punch.

8th.—Has been easier since 1 a.m.; is now anxious; the lips are blue, eyelids puffed, and features tumid; much firm œdema of right (depending) arm, leg and side of body; less upon left side; pupils widely dilated; pulse very weak and frequent; right chest even more enlarged than heretofore; fine and coarse bubbling over lower third of *left* lung, and to this complication I attribute the sudden increase of dyspnoea.

5 p.m.—Tapped the right chest with small trochar in eighth interspace, in line with inferior angle of scapula, and evacuated