

shrivelled and still retaining its circular form. The cheek was enormously swollen and highly glazed in appearance.

This was a striking case of rapid destruction of tissue by gangrene, which, to all appearance, was not preceded nor accompanied by the ordinary inflammatory process. Although prompt measures were employed to arrest its progress, they were of little avail. The local disease spread with astonishing rapidity; a great portion of the cheek became a mass of gangrene and the child died on the 9th day.

The *kidneys* are, above all organs, the most liable to become the seat of much disturbance both during the existence of the fever and during the period of convalescence. Throughout the whole or during a period only of some epidemics, there is a marked tendency to grave renal disorder and so prominent does this tendency appear as to mark the character of the epidemic, that not a few writers who have witnessed it, have described *Scarlatina Renum* as a distinct variety of Scarlet Fever. Questioning the propriety of adopting a title so distinctive, the importance and comparative frequency, in some epidemics, of serious renal disease cannot be denied and should direct the physician to bestow particular attention to the condition of the kidneys and the secretion of urine.

If the urine be examined frequently in Scarlet Fever, its ordinary conditions will be found to vary little from the urine observed in continued fever about the same periods of the disease. There is one essential peculiarity, however, indicated in scarlatinal disease, namely, the frequency of *Albuminuria*—the elimination of albumen from the blood by the kidneys. Judging from the many examinations made of the urine of scarlatinal patients, I have noticed it a rare exception to find no albumen eliminated by the kidneys during the progress of the fever. The amount was generally small, but enough to indicate its presence by heat and nitric acid—heat causing a haziness or feeble coagulability of the urine, while nitric acid precipitated the albumen in the form of flakes or of pulpy matter at the bottom of the tube.

The secretion of albumen *alone* is far from indicating a diseased condition of the kidneys themselves. These organs have frequently been found quite healthy, altho' albumen has been observed in the urine—even for some time before death. In such cases we must, therefore, consider simple albuminuria to depend upon a temporary disorder of the renal functions—the result of some pathological condition of the blood. This idea may be also borne out by the circumstance that urea, a normal constituent, is almost invariably found in deficient quantity in the urine of such cases of scarlatinal albuminuria. This by no means warrants us to believe in the opinion of Solon and others that albumen is