

rash covered the body and there was then no doubt as to the nature of the disease. Both patients did well on the simplest treatment, the type being a mild one, they had reached the beginning of the fourth week, desquamation was almost completed and both children had been up some time—though this was contrary to orders—when the little girl manifested symptoms very similar to those which ushered in her recent illness. Her father prescribed some domestic remedies, salts, smartweed tea, etc., but the patient getting no better—but rather worse—he sent for me on the third day. I found the patient excited and tremulous, face flushed and swollen on one side; pulse 160, quick and full; temp. 104.5° F. She had intense headache and delirium at times, a dry, brown, tremulous tongue. Behind each ear was a patch of eczema, which had broken out afresh since desquamation after scarlatina. Her father said “she was subject to sore eyes.” The right ear was swollen to several times its normal size, and large blebs full of sero-purulent fluid were to be seen. The redness and swelling had spread well over the right side of the scalp and face, the right eye being swelled shut. The case was obviously one of cutaneous erysipelas of the head and face, the point of departure being doubtless the eczematous sore behind the ear. The inflammation extended over the head, face and neck, travelling over the entire trunk and down the extremities to the knees and elbows, where it stopped. In its progress over the body and limbs, the redness advanced about two inches each day and did not last longer than forty-eight hours in one place, fading away in about two days. The margin was well marked, raised and irregular. The temperature ranged between 102° F. and 104° F., until the beginning of the fourth week, by the end of which it had subsided entirely, and the skin—after a thorough washing with soap and water—had resumed its natural color and appearance.

I ordered rest in bed in an airy room, shaved the head and put on hot linseed-meal poultices, and painted the face and soft parts with a mixture of collodion and castor oil—equal parts. Prescribed quinine, iron, and chlorate of potash in full doses, digitalis and other diuretics as required, and restricted the diet to fluids, milk eggnog, beef tea, animal broths and some farinaceous food, keeping the bowels relaxed by castor oil, glycy-

rhiza and other mild aperients. The local treatment of the body and extremities consisted in poultices until the redness disappeared, followed by inunction with Kentish's ointment, repeated each morning for two or three days. There was some albumen in the urine, probably the sequel of the scarlatina she had just recovered from.

On the third day after I was called to see this patient, her brother, who had accompanied her through the attack of scarlatina, also developed erysipelas. In his case the eruption was confined to the mucous membrane of the nares, the bridge of the nose and the soft tissues below the eyes. It was perfectly symmetrical, and both nares were almost occluded for a time. His temperature ran up to 103° F. for a few days, with other constitutional symptoms of a mild type. Free action on the bowels, with quinine, iron, and chlorate of potash, rest in bed, topical application of ol. ricini and collodion, with the usual precautions in the matter of diet, sanitation, etc., constituted the treatment in his case. In a week he was quite well.

REMARKS.—Since the mother's death these two children had slept in her bed with the father. None of the other members of the household had been thus exposed, and there were several small children in the house, among them a babe two months old, belonging to the housekeeper. None of these suffered from either disease. Though the bed-linen and coverlets had been washed and thoroughly cleansed after the mother's death, and the mattresses and pillows aired, I still think that both the scarlatina and erysipelas in these two children may have been due to infection from the puerperal fever poison, by sleeping in the same room and on the same bedding so soon after the mother's death. There were no other cases of erysipelas in the neighborhood, and although scarlatina had appeared in the school, neither myself nor any members of the family had been exposed to the disease. Many authorities believe a close relationship exists between scarlatina and puerperal fever, but whether this relationship be reciprocal or not, is, I think, not yet established.

It is laid down as a rule and taught in the schools, that when a practitioner has been unfortunate enough to get a case of genuine puerperal fever, he should at once give up his midwifery practice for a period of at least three weeks, and