

kenzie's conduct. I ask you to consider this as a private communication, at least, until the sad catastrophe has occurred in Berlin."—*N. Y. Med. Rev.*

SCARLATINA AND PUERPERAL SEPTICÆMIA.—I very much fear that the recent discussion on this subject may tend to diminish the wholesome dread of carrying scarlet fever to lying-in patients which has hitherto so powerfully influenced the conduct of obstetrical practitioners. That the infection of scarlatina is capable of producing a virulent form of septicæmia, generally unattended with local symptoms, I have not the smallest doubt. In April, 1863, I was called in to see a case of this kind occurring in a primipara. She was attacked about five days after delivery, and on the day following her husband was attacked with scarlet fever. He recovered very well, but she died after four days' illness. Her case was a typical one of what used to be called malignant puerperal fever. She had no rash of any kind, and no marked abdominal tenderness. We made a *post-mortem* examination, but found no uterine lesions and no sign of abdominal inflammation; but decomposition had set in most rapidly. In fact it was a case of blood-poisoning of the worst kind.

About fifteen years ago a medical practitioner (who has since left Bristol) called me in to a patient he had attended in her confinement for about four days previously, but who was attacked in a similar way to the case just mentioned, except that there was some abdominal tenderness. She died on the ninth day after delivery. About three days before she died her husband was attacked with scarlatina, but ultimately recovered. On making strict inquiry of the medical practitioner who attended her, he acknowledged that the time when the husband came to fetch him to his wife, his own children were lying ill of scarlatina.

There can be no doubt that in each case the husband and wife were infected from the same source—in the first instance, I believe, from a servant; and in the second from the medical attendant himself. I have seen many similar cases of these, but not of so well-marked a character. We know that people who have once had scarlatina are generally protected against a second attack, but yet that, if they are again exposed to infection, they may get troublesome sore throats in consequence. In the same way I believe that a puerperal woman who has had scarlatina before may get a sufficient amount of the poison to induce fatal septicæmia—unaccompanied, however, with the rash or other characteristic signs of scarlatina. The poison of scarlatina is of so subtle a character, and creeps in through so many channels, that ordinary antiseptic treatment is of little avail against it.—*Br. Med. Jour.*

CALOMEL IN PHAGEDÆNA.—I had a case of phagedænic ulceration of the under surface of the glans penis under my charge last August, which defied the recognized treatments of this disease. I applied nitric acid in the most thorough manner on six different occasions during a period of eighteen days without success. I then applied pure carbolic acid, but the disease again returned. Constitutional treatment with opium was adopted throughout. For six days the patient sat in a hot-water hip-bath on an average about four hours daily, without any appreciable effect on the course of the disease. The condition of the penis on the twenty-first day was as follows:

A large ulcer existed, covering the entire under surface of the glans, moulding it like the mouth-piece of a flute, and extending to the reflected foreskin in the vicinity of the ulcer. A third of the glans had been destroyed. The surface of the ulcer was covered with a reddish-grey secretion, irregularly disposed, and pierced here and there by large red granulations. The edges were angry and undermined.

I applied calomel powder on the twenty-first day of the disease, spreading it thickly, and pressing it well into the interstices of the ulcer. The calomel acted like magic; the ulcer began to heal rapidly. Now and then a suspicious spot appeared, but it was at once dissipated by a thorough application of the calomel. The patient made an excellent recovery, and was very pleased at the result, for he believed he was going to lose the whole affair. I was tempted to use calomel, as I had found it very useful in all forms of syphilitic ulceration.—*Br. Med. Jour.*

FORMULA FOR TERPINE.—At a meeting of the Therapeutical Society of Paris, M. Vigier recommended the following formula for terpine, which contains seven and a half grains to the teaspoonful: R. Honey, glycerine, of each 100 grs.; alcohol 95 per cent.; terpine of each 7½ grs.; M. Sig.—Teaspoonful, a dose.

The terpine remains dissolved if mixed in the strength of a teaspoonful to a glass of water. A smaller amount of water than this causes the terpine to precipitate.—*Progrès Médical.*

Dr. Sittler, of Bowmanstown, Pa., writes as follows:—I have used Tongaline extensively during an epidemic of Dengue or break-bone Fever, where I had an opportunity to test it very thoroughly, and I secured much more successful results from it than from the ordinary treatment, consisting of pot. iod. vini. colchici. acid salicyl. quin. sulph. etc. In every instance Tongaline fully sustained the high character with which it is presented to the profession, and only deserves to be well known in order to be thoroughly appreciated.