

in only 8 out of 63. Further investigations have also shown, that though, as observed by M.M. Louis and Bizot, it is most frequently found in persons who have died of phthisis, and in females, it also occurs in those who have sunk from other chronic diseases, and in both sexes.

In the whole of the cases in which the granular disease of the kidneys occurred as a complication of phthisis, the tubercle had softened, and given rise to caverns—in 3 instances in one lung only, in the remaining 5 in both.

In 4 cases, there existed more or less extensive recent pneumonic condensation in one or both lungs, and in 2 the pleura was also found covered by recent membranous exudations, and its sac contained sero-purulent fluid. In a 5th case there existed copious muco-purulent secretion in the bronchial tubes, and the mucous membrane was much injected. In 7 cases the solitary and aggregate glands in the intestines were tuberculous, and the mucous membrane more or less extensively ulcerated, and in one of these there was also recent peritonitis, though no perforation of the canal was detected.

In one case, there was extensive ramolissement of the central parts of the brain, connected with paralysis, first affecting the right side of the body, and subsequently both sides.

In one case, there was disease of the mitral valve, with hypertrophy, and dilatation of the heart.

In 6 cases, the serous sacs contained more or less fluid, and the cellular membrane was œdematous.

In 2 or 3 cases, the fatal event was ushered in by delirium and coma, and might be regarded as directly resulting from the imperfect performance of the functions of the kidneys.

We see, therefore, that the supervention of the renal disease during the progress of pulmonary consumption, both by the great liability which it induces to inflammation of the parenchymatous viscera and serous sacs, and also by the direct effect of the elements of the arrested renal secretion, tends very materially to add to the severity, and hasten the progress of the pulmonary disease.—*London and Edinburgh Monthly Journal Med. Sci.*, Aug., 1845.

REMARKS ON SCARLATINAL DROPSY.

By GOLDING BIRD, A.M., M.D.

[The following may be taken as a sample of the appearances usually presented by a child labouring under scarlatinal dropsy. The patient is attacked, say a fortnight before, with scarlatina, the eruption subsides in a week, and the child seems doing well, but afterwards effusion into the abdomen makes its appearance, which spreads to the extremities; face waxey and puffed, pulse quick and feeble, urine dingy and coagulable, and the surface of the body is dry, smooth, and cold. The treatment is very simple. The patient must be dressed in flannels, kept in bed, and have hot bath every night, and take m x. vin. ant. tart. and m x. syr. papav. in Siii aqua. ammon. acet. every four hours, and gr. iiii. p. ipecac. com. e. gr. v. hyd. cum cret. every night, and afterwards, when the œdema has subsided and the urine is improved, ʒj vin. ferri three times a day.

The causes by which œdema and congestion of the kidneys are produced in some cases of scarlatina are not very evident. As, however, it occurs chiefly amongst the lower classes, who are so extremely negligent in the matter of cleanliness, there can be no doubt that the most serious exciting cause is the non-establishment of free perspiration after the disappearance of the rash. This non-performance of the cutaneous functions must induce renal congestion, whence the evils caused by inference with the duties of these important organs of depuration. The warm bath, with a large bran, or linseed-meal poultice to the loins, is generally sufficient to relieve the renal congestion occurring in these cases in children.

If due care were taken to restore the functions of the skin after scarlatina, by the use of warm baths and flannel clothing, the resulting dropsy would be very rare. Yet in Dr. Bird's opinion this is by no means to be regarded *per se* as the real cause of these effects; but rather that the want of a freely perspiring surface, by determining the

blood to the kidneys especially, places the patient in the most favourable condition for the development of the effects of the unexhausted poison of the pre-existing disease. To render this clearer, he lays down in an aphoristic form the facts recognized in connection with the development of the disease in question.]

1. The anasarca does not appear during the existence of the rash.

2. The sequelæ, which do not depend on local mischief about the throat, usually appear about the end of the first week after the recession of the rash, rarely before, and not often after this period.

3. The frequency of their occurrence is in the inverse ratio of the vividness of the rash.

4. The urine contains certain of the elements of the blood (albumen and red particles,) with a considerable number of large organic globules.

5. The blood contains some of the elements of urine, as proved by the existence of urea in it, as well as in the secretions derived from it.

6. Analogous effects, although looked for, have not been observed on the recession of other exanthems, as measles and small-pox; nor in cutaneous affections in which free perspiration must be checked, or greatly lessened, as in lepra, psoriasis, chronic eczema, &c.

Admitting that the foregoing propositions are fully borne out by past experience, we cannot fail to recognize the affection under consideration as something peculiar, and bearing a definite relation to the poison of scarlatina, and not as the result of a mere impaired state of the function of the skin.

There can scarcely be a question of the, at least, conventional accuracy of the old opinion, now lately revived, of scarlet fever being essentially a disease of the circulating fluid; that in fact the peculiar poison of scarlatina, when it affects an individual, plays the part of a ferment, deranges the healthy condition of the blood, acting as a poison as effectually as if directly injected in a palpable and visible form into the blood vessels. Hence scarlatina, like variola, rubeola, glanders, &c., is regarded as a zymotic affection. A person, then, who is inoculated, no matter in what way, with this septic poison, after a period of time, which has not been satisfactorily determined, becomes the subject of the well-known symptoms of scarlet fever. During this period of incubation there can be no question but that the effects of the poison are influencing the system at large, so that no tissue or secretion of the body can be said altogether to escape completely its malign influence. The result of this effect of the poison is a great determination of blood towards the cutaneous and mucous surface, shewn by the characteristic rash covering the former, and the injected erythismic state of the latter. Many of the glandular structures also partake of this congestion, as is generally shewn in the throat by the inflamed and swollen tonsils and sub-maxillary glands. If the exanthem be vivid, and its eruption copious, nothing occurring to check its full development, or arrest its course, the effects of the poison become, accidents apart, exhausted, desquamation of the cuticle occurs, and convalescence results. But if, on the other hand, some irregularity takes place in the normal development of the effects of the scarlatinal poison, and its elimination by the surface is prevented, the patient may apparently convalesce for a time satisfactorily; but the poison not being all excreted or destroyed, some of the recognized after-effects result. Even if the powers of the patient are sufficient to enable him to combat successfully the effects of this relic of the poison, a check given to the re-establishment of the cutaneous transpiration by too early an exposure of the influence of alterations of temperature will be sufficient to prevent the due excretion or decomposition of the remaining *materies morbi*, and one or other of the ailments before alluded to are ushered in.