

died in their family in December last, it is said of croup; but, although I have attempted to solve the problem, I am unable to say whether it was diphtheritic or not, although the mother assures me there was in neither case swollen glands, a fact which leads me to think it was ordinary membranous croup.

I have not entered at all upon the general subject of diphtheria, as I believe it will come out better in the discussion; besides, my experience has really been nil.

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Notes and observations on Malignant Scarlatina, and allied affections. By WILLIAM E. BESSEY, M.D., C.M.

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The occurrence of a number of cases of scarlatina and other diseases of unusual malignancy during the present winter has afforded opportunity for observation, and suggests a few thoughts to my own mind respecting the etiology, pathology and treatment of affections of this character, which I trust may be of interest to the members of this Society.

I use the term malignant in this connection to designate an overwhelming toxæmic impression of the *materies-morbi* present in the system. Although belonging to the general class of zymotic affections, I prefer the word septæmic as a designation which more truly indicates their real character.

The present season has witnessed the presence amongst us of epidemics of the exanthems and other zymotic affections, presenting a number of cases of unusual severity, and marked from the outset by the evidence of a true malignant character. It has been my lot to attend a large number of cases of scarlatina, some of which were of this type.

In general terms I might refer to them as marked by a terrible degree of depression without any tendency to reaction. The eruption at first of a dark crimson color soon changed to a livid, and in some cases, from having apparently receded in spots, a mottled appearance. The usual hyporexia was early followed by lowering of the temperature of the general surface of the body, with coldness of the extremities, changing at times to unusual heat, as in one or two cases. In others the extreme depression with coldness of surface and extremities was continuous, pulse weak and rapid, throat in some instances intensely congested, in others not much affected, while in one case it presented a membranous coating like to that in stomatitis.

The impression to the mind on seeing some of these cases for the first time was, that the great nerve centres were being overwhelmed by some powerful toxæmic influence, capable of depriving them of their wonted energies, and of substituting for the usual vital manifestations a tendency to decomposition, putrescence and death.

So overpowering is the morbid influence in some cases, and so great the vital depression, that children in the bloom and vigor of health succumb in a few hours—the body after death having the appearance of putrid poultry, and in one case the whole body assuming a melanotic appearance some hours before dissolution.

The peculiar appearance, and absence of all rigor mortis, in one case, reminded me of the appearance of a body after death from a stroke of lightning.

Before proceeding to a detailed account of the cases I wish to refer to, I should mention what appeared to me to be a remarkable concurrence of a cough of an aggravated—I might almost say spasmodic-nature. Indeed in one case I hastily pronounced it to be whooping cough—although as the child recovered, this symptom subsided, as it had appeared, with the disease, and I was left to ruminate over the difficulties often attendant upon questions of diagnosis.

The first four cases to which I shall refer were the children of a strumous mother, who died of phthisis at the age of 45. The father still living and robust.

In the other cases there was no evidence of any constitutional depravity. Although in the last fatal case to which I shall refer, the child was said by the mother never to have been strong or vigorous from birth.

As constitutional peculiarities may be one of the chief factors in some cases of more than usual severity and fatality in a given disease, I have thus briefly referred to them.

During the latter part of January I was called upon to visit a family residing in Delisle Village, (a badly drained locality,) in which four children, aged from four to eleven, were taken ill with scarlatina, one of whom had already died.

CASE No. 1.—The first in this family to succumb to this deadly virus was a bright little boy of four years of age. He had been in perfect health apparently up to the onset of the disease, which he survived but 24 hours.

I was informed (not having seen it while living) that in this case the attack had been ushered in by sickness and vomiting. The rash had been slight