

ical signs to show that the lungs were worse, but this likeness to the child, in whom the lungs were congested, led me to believe he was similarly affected. Under this persuasion, I gave him one grain of tartar emetic every four hours, and directed that wine or brandy should be administered, if the medicine lowered him too much. Next day, he was visibly better; the sunken eye and depressed countenance had gone; his nervous energy was increased; pulse stronger, skin warmer; color bluish. The tartar emetic ordered to be given only when his breathing became difficult: he took it twice in the next twenty-four hours. This plan was continued for a few days. On the 1st November he was suffering less, in every way better than on admission; wheezing not so loud, râles fainter; and he is now as well as usual. Never any albumen in urine.

His appearance and symptoms on the 25th being so like Glover's on the 23rd, made it more than probable that the same cause had produced them. That this cause was congestion of the lungs, was made all but certain by its detection at her autopsy; by the benefit the boy got from medicine specially useful in such cases; by the absence in both of stridulous breathing, and the signs which invariably accompany contraction of the glottis; and in the girl of any old change of structure, to cause sudden death. The state of the lungs, therefore, was not, in either case, from a contracted glottis, for the latter's symptoms were never observed either in the boy or indeed in the girl, so that it must have been the antecedent affection.

In such cases, tracheotomy could not be useful, and the only measures likely to be so would be those able to aid in removing congestion. But you will naturally inquire, why the state of the lungs was not detected at its commencement? The answer is, that our attention was not attracted by any visible respiratory disturbance. Organic affections of the lungs are amongst the sequelæ of scarlet fever, but are not expected at its early stage, so that we did not make that examination of her chest, necessary to detect the slight congestion which existed, and which would not have been fatal unaccompanied by fever. In the boy's case we were on our guard from what we had seen of the girl, and therefore made a proper examination, discovered the state, and administered remedies, which, as you saw, restored him, while apparently dying. In typhus of a certain type, this form of congestion, without dyspnoea either visible or complained of, is common; we are therefore always on the watch for its first symptom. But not so in scarlet fever; for death in its early stage—that is soon after the appearance of the rash—is referred to the shock given to the system by the poison. In a later period of the same stage, but before the eruption is gone, it is usually ascribed to the state of the throat, and the depression of the vital powers, which are thought to be the later effects of the same cause; and it is only after the complaint is over that organic disease of the kidneys, lungs and bronchi are believed to occur.

Now, from these two cases, I suspect that often when debility and the throat affection are supposed to be causing death, congestion of the lungs is the real agent, and that these are merely its effects or consequences. To determine this I shall solicit the aid of my medical friends who see much scarlet fever among the poor to examine those who die of it, to record the alterations of structure they observe, and the stage when their