

THE DOCTRINE OF DESQUAMATION.

There is hardly any disease in regard to which diagnosis is at once so difficult and important as scarlet fever. All authors agree in saying that almost every prominent symptom of it may be wanting. All the symptoms of the earlier stages may either be absent or may be overlooked—sickness, sore-throat and rash. And even the temperature, judged by one or two observations, may be below 100°. All authorities describe, and all practitioners are familiar with, cases in which no suspicion of diseases exists until the occurrence of desquamation, in circumstances which leave no doubt that it is only a part of scarlet fever. But surely desquamation itself is also a most variable process, so variable as to excite a good deal of opinion on it, which undoubtedly exists. It may be almost entirely absent, it may occur out of proportion to the amount of rash, it may be long delayed or it may extend over a very variable period. The recent correspondence was based on the case of a boy at a large public school near London, whose scarlet fever was detected only by close observation, the amount of rash being small, and the whole attack unusually light. The medical officer of the school gave his sanction for the boy returning home three weeks after the attack, who never had any sign of desquamation. The father having other children at home during the Christmas holidays who had not had scarlatina, naturally felt afraid, and wisely (we presume with due precautions for the boy and others) removed him to an infirmary specially intended for such cases. Between two and three weeks later, and six weeks from the commencement of the attack when the boy should have returned to school, he was found by a practitioner to be peeling. The medical man of the school considered the peeling to be unconnected with the attack which he had at school, and to be due to eczema. The father of the boy associated it with the attack that had been so well diagnosed at school, and saw in it a justification of his caution in not allowing his son to return home. The majority of authorities will be disposed to agree with Dr. David Page, that patients recovering from scarlet fever may have their desquamation much deferred, and that certainly they are not desirable as members of society for at least eight weeks. This is very hard, especially in cases where the disease is slight, where there is no sense of illness, and but slight or no appearance of desquamation, but it is sound doctrine. The precautions may be excessive, but the case is one for great caution. Still it must be admitted that even among authorities there has been a variety—not to say looseness—of teaching which goes far to explain, especially in connection with the acknowledged variations in the process, the view taken by the medical officer of the school. Let us notice only a few that are at hand. Trousseau says: "Desquamation in scarlatina is not very well understood by the majority of physicians."

He instances a case in which, though at the seventy-second day, it was still going on. Trousseau would have been apt to regard even Hebra as unsound, for Hebra speaks of desquamation as ending at the "end of the third week." Dr. J. Lewis Smith, a very good observer, of New York, speaks of desquamation as succeeding the disappearance of the eruption and occupying "several days." Mr. Malcolm Morris says it begins in the latter part of the second week, but may commence as the rash fades, or not until the end of the sixth week. Dr. Bristowe says the period of desquamation is of various duration. "It is sometimes completed in one or two days, not unfrequently extends over a week or two, and occasionally is prolonged for several weeks." Whether difference of opinion is sound excuse for difference in practice, the variety in the process itself and the occasional instances in which it is deferred indicate the safety of a rule of exclusion of at least six weeks, and if possible eight. Parents and patients will often rebel against this hard doctrine, but, considering the gravity of the disease, it is a safe one for medical men to hold. A correspondent reminds us that all desquamation is not scarlatinous. He described one case in which it seemed to result from the administration of turpentine for hematuria. This suggestion is one to be remembered, when sanitary law and professional duty in connection with desquamation are often both delicate and difficult.—*Lancet*.

ECZEMA OF THE GENITALS.

Devergie recommends:

℞ Alumin., 10–20 grammes;
Aque, 500 "

Or the following:

℞ Hydrarg. chlorid. corrosiv., 10–20 cgrm.;
Aque destillat., 500 grammes,

in solution, applied three times a day.—*La France Médicale*.

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.

Dr. Haley states, in the *Australian Medical Journal*, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wine glass of water, and this is quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Boston Journal of Chemistry*.