

a sharp curette actually cutting away the diseased surface of the endometrium.

3rd.—In the puerperal infective case we used antiseptic irrigation, followed by caustic applications to the endometrium; to-day we have used sterile irrigation only, and no astringent or caustic medication.

4th.—In the puerperal case we used no gauze for either packing or drainage; to-day we have packed the uterus firmly with gauze.

ISAAC WOOD.

THE COMPLICATIONS OF SCARLET FEVER AND THEIR TREATMENT.

Read at the Kingston Medical Association.

IN considering the complications of scarlet fever, we will refer not so much to those cases of the disease, often rapidly fatal, and due rather to excessive quantity or virulency of the poison introduced, as to the various organs and tissues of the body implicated during the progress of the disease or the period of convalescence.

Some cases of scarlet fever are so rapid in their onset, and so malignant in their nature, that little or no time is allowed for diagnosis, and specially is this the case if the eruption be delayed or if it be modified by associated circumstances. These cases are due mainly to the introduction into the system of an intensely malignant virus or excessive quantity of the poison. The vital processes are as it were overwhelmed and paralyzed either by direct action upon those organs or through the nerve centres.

The complications of scarlet fever are associated with either streptococcus infection, or the action of the toxins produced during the progress of the disease; and these complications are best considered in relation to the various organs and tissues which suffer from the interference with their functions. Almost every case of scarlet fever, if not every case, is associated with changes in the throat, usually called either primary or secondary.