CASE IV.—W. T., a boy employed at a brickwork, had the thumb and forefinger of one hand caught in a pressing machine, which took off the finger in the middle of the second phalanx, and so injured the thumb that I found it necessary to remove the injured portion. The stumps were dressed with wool, etc., as in the other cases, and did well.

As accident-surgeon to four collieries, I have a fair number of injuries under my case, and I invariably use the method which I am recommending, and, so far, have no reason to be dissatisfied with the results. For anything I know, the plan is not new; but even if so, I can recommend it as a good one.

SCARLET FEVER AND SYPHILIS: A SUGGESTION.

By EDWARD WOAKES, M.D., Luton.

To most physicians it has occurred to meet with cases of scarlet fever assuming from the outset a distinctly malignant character, at a time when the type of the prevailing epidemic has been of a favourable kind. Under these circumstances, the question must have propounded itself with perplexing urgency—What is it in these exceptional instances that constitutes their virulence? Why should scarlet fever be dreaded as a scourge of worse than Egyptian terror by the members of one family, while in the adjoining house, perhaps, it asserts itself as a comparatively mild ailment.

The following suggestion, towards the solution of this problem, resulted from the observation of four or five distinct epidemics of scarlet fever, and is based upon data supplied by a knowledge of the early medical history of the fathers of the patients. As the result of this historical information in the cases to be briefly detailed, the writer has adduced the conclusion that *their malignity was derived from the circumstance of inherited syphilis*.

CASES I, II.—About twelve years ago a gentleman came under my care with a large Hunterian chancre of the glans penis; and, while under treatment, informed me he was shortly about to marry. In spite of all remonstrance, he appears to have carried out his intention very shortly after the primary sore had disappeared, and in less than eight months afterwards I was informed that his wife had been confined in a distant town. It was not long before I was called upon to attend this child for very characteristic symptoms of constitutional syphilis; and frequently afterwards did this condition recur, or accompany and complicate every trifling ailment that befel it. In the course of two years another child was born, prematurely, but, by dint of much care, survived, and gave promise of arriving at maturity. Like his brother he manifested the characters of inherited syphilis. A girl was born in due course, also prematurely, but only survived its birth some three weeks. One or two abortions followed, but fortunately no live birth. In the autumn of 1871, during the prevalence of a not remarkably severe epidemic of scarlet fever—these children having attained the ages respectively of nine and seven years—fell with the disease. The elder one, who was first attacked, rapidly developed symptoms of severe blood-poisoning; stupor with low muttering delirium set in within twenty-four hours of the seizure, intense rash, a temperature of 105 deg., followed by severe throat symptoms and putrid discharge from the nose and mouth, presaged a fatal issue, which occurred on the sixth day. The second boy then sickened, and though at first with less intensity, he too sank at the close of the first week.

CASE III.—About the same time I prescribed occasionally for the child of a groom, aged a little over two years, the subject of scarlet fever. His father, I knew, had a venereal attack three years previously, but, as I did not attend him, cannot testify to its exact character. This patient progressed favourably for a fortnight, when malignant throat symptoms set in, under which he sank at the end of the third week.

CASES IV, V.—About the period at which the history of the first detailed cases commenced—twelve years since—I treated another patient with primary syphilis. He was apparently well acquainted with the phenomenon, made very light of the occurrence, and ceased his visits long before it was prudent to discontinue treatment. Almost my next introduction to him was in the early part of the present year, when the epidemic of scarlet fever, which had nearly disappeared during the winter, revived and became more general through the inclement spring months. At this period I was requested to see his daughter, about three years old, who was said to be very ill. I then ascertained that of five children born since his marriage this was the only one now living,

an infant having died in convulsions, after thirty-six hours illness three days previously. This infant, it should be stated, developed a rash a few hours prior to its death, which the friends supposed might be measles, but which there is little doubt was scarlatinal. I found the only surviving child in a moribund condition; an ill-developed dusky rash of scarlet fever was diffused over the entire body, sloughy tonsils, enlarged submaxillary glands, stupor, tympanitic belly, and a temperature of 106 deg., left no room for doubt, either on the score of diagnosis or prognosis. This child sank on the sixth day.

It is worth while to note, in passing, that the foregoing were the only fatal cases which came under my observation during the recent epidemic, including a period of nine months.

Here it is necessary to anticipate the objection, that five cases are an insufficient foundation on which to construct any hypothesis sufficiently comprehensive to embrace any large proportion of the special form of disease under consideration. But the purport of this paper being only to communicate instances in which the previous syphilitic history is so clear as to leave no room for cavil, necessarily precludes many cases in which hereditary taint was presumably present, but which lack the essential feature of direct medical testimony to the fact. It is hoped that the idea thus broached may lead others to search for indications of constitutional syphilis in the subjects of malignant scarlet fever. The evidences of such infection being not far to seek, it follows that the suggestion now offered will be speedily refuted or as readily confirmed.

The writer must also regret that he is not prepared to advance any satisfactory theory to explain the connection between the two conditions, which he believes he has observed. The facts recorded indicating, as they undoubtedly do, an intense tendency to disintegration on the part of the blood and tissues of these patients, when exposed to septic influences, recall forcibly the recent investigations of Löffler, and invest the germ theory of syphilis, as advanced in his researches, with a force of probability, independent altogether of their actual demonstration. But while these views are rightly regarded as at present *sub judice*, the facts so imperfectly submitted in this communication, as well as the inferences from them, must be judged on their own merits, and entirely irrespective of any such hypothesis.

CLINICAL MEMORANDA.

DISLOCATION OF THE JAW THROUGH TONGUE-SUCKING.

IN reply to Dr. Ballard, the young lady in question possesses more than an average amount of mental power, and is remarkable for her vivacity. This case confirms, however, the statement made by Dr. Ballard, that deformity of the jaws may result from tongue-sucking, etc., inasmuch as her jaws are narrowed and prolonged: the upper one so much so, as to cause the canine teeth to overlay the incisors. This is, however, in a great measure being corrected by a dentist, who has used mechanical appliances, which have expanded the upper jaw during its growth, and brought the teeth into much better position. The young lady is quite well, but insists upon the bandage being applied nightly, as a precaution; and every effort is made to break her of the pernicious habit.

EDWIN MORRIS, M.D., F.R.C.S.

Spalding, September 30th, 1872.

INGROWING TOENAIL.

AMONG the many different modes of curing this very distressing complaint, is one which, from its simplicity and ready mode of application, will doubtless recommend itself to all. I mean the insertion of a small piece of lint under the side of the nail. This can best be accomplished by the aid of a quill cut into the shape of a spatula, and bent flat. The instant relief experienced by the removal of the irritating nail is well known; and, in a great number of cases, the sore quickly heals without even the aid of nitrate of silver or nitric acid. I have cured several cases in this way, some of long standing, and can therefore confidently recommend it to the profession.

WYKEHAM H. LYDALL.

TONGUE-SUCKING.

AT the suggestion of Dr. Ballard, I beg to record two cases of abnormal sucking, premising that they were not occasioned by "fruitless sucking," neither were the faculties of the children in the least degree affected. One was sucking the thumb and forefinger, and, after many fruitless expedients, the habit was broken by wearing a splint on the arm, extending below the fingers. The other case was tongue-sucking, and,

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