Society agreed in its non-infectious nature. It attacks more children under 14 years of age than adults. With regard to treatment, a variety of remedies was employed. The bromide of potassium, chloral, and henbane were useful in relieving pain; but the hypodermic morphia carried off the pain, and I believe Case III would have succumbed without it. It would require much more experience to state positively the value of the other drugs employed. I am inclined to believe the disease is very little influenced by drugs. The cod-liver oil, especially phosphorised, was of undoubted service during convalescence. I can also recommend the ice-bag to the spine. The Calabar bean seemed to produce no physiological effect. It was obtained from three different sources, and I believe was well prepared. Yet one patient took it in fair doses for a month, and another in very large doses. Twenty-four grains in twenty-four hours is a considerable quantity for a boy only 13½ years old. But there was no more loss of motor or reflex activity of the cord nor diminution of pain; no more enfeebling nor slowing of the heart's action, nor interference with respiration, than during the time the patients were not taking the medicine. Nor did it produce any giddiness, torpor, excessive secretion of tears and saliva, vomiting or purging, muscular twitching, or the least contraction of the pupils. It would seem that the bean cannot be so poisonous as it has been stated to be. I think much of the success of these cases is due to the *vis medicatrix nature*, a power which has a far higher place in the cure of disease than we often suspect or allow. I should be much disposed, were any new cases to come under my care, to push belladonna, with purgatives and other eliminants. Such an occurrence may at any moment enhance the interest and importance attaching to this group of maladies. The few drops of silently falling rain to which we pay but little heed may usher in a terrific storm, pregnant with destruction, desolation, and death.

P.S.—I should be grateful if any members who may have seen similar cases would kindly communicate them to me, as the matter will be more fully discussed at a subsequent meeting of the Branch.

THE PRESENT EPIDEMIC OF SCARLET FEVER IN BRISTOL.

By DAVID DAVIES, M.R.C.S.Eng.,
Medical Officer of Health for the City.

I.

THE *bête noire* of health officers is here in force; and has, after a struggle of seven months, set our regulations at defiance, and re-asserted its usual fatal character. I will give an account of my knowledge of it in the form of short propositions.

History of the present Epidemic.—A few cases, isolated and at different points, appeared in the autumn of 1874. These were, so far as I know, successfully stamped out by isolation and disinfection. Cases kept dropping in at intervals during the winter of 1874 and 1875. By redoubled energy, we succeeded in keeping the disease within narrow limits, and at isolated points. All infected houses and clothing were disinfected. Drains in localities wherein the disease prevailed were kept saturated with disinfectants, viz., sulphate of iron and carbolic acid. Handbills containing instructions and cautions for the prevention of its spread were freely circulated.

With the approach of spring, the cases multiplied; in the summer, still more so; until, last week, we had 28 deaths from it in a population of 196,000. Judging by the history of former epidemics, I do not think we have yet reached the highest point, which, in the epidemic of 1870, was 35 deaths in one week. We still disinfect and do our utmost to prevent its spread; but I acknowledge most freely (as with regard to this disease I always have) that we have utterly failed to produce much effect on it, except to postpone it in an epidemic form for four or five months. During the quarter ending September 30th, we lost 161. In Bristol, the disease, as an epidemic, has very regularly observed a cycle of about four years; of the cause to which this is due, I can form no opinion.

Type of the Epidemic.—A small proportion of the cases have been of a most malignant character, the poison destroying life in eighteen or twenty-four hours by acting on the blood, and through the blood as a depressant on the nervous system. Death in these cases has taken place before there has been time for the development of the rash on the skin. A considerable number of the cases have been of the middle type, usually called "scarlatina anginosa". Many of these have died from excess of zymosis and throat-affection; but, judging by the returns of mortality and the frequent entry of "scarlatina", "dropsy", or "nephritis" in the returns, I believe that more than one-third of the

fatal cases were originally light, and became fatal through an affection of the kidneys, produced by exposing the skin to cold during the convalescent stage. Having formed this opinion, I had a handbill of cautions on this head circulated extensively among the poor. I believe it has done some good. This form of death is more frequent among the poorer class than among the rich.

In connection with this subject, I append a letter which I have received from my friend Dr. Gray, the experienced medical officer of the Children's Hospital. As the letter is, in my opinion, a very original communication and a most important one, I give it in full, hoping that Dr. Gray will publish a more extensive account of his experience in a separate paper.

"Bristol Hospital for Sick Children, Royal Fort,

St. Michael's Hill, November 20th, 1875.

"My dear Sir,—May I draw your attention to what I believe to be a sufficiently marked feature of the present scarlet fever epidemic to deserve special recognition, viz., the occurrence of a number, probably no small proportion, of cases of the latent form of the disease? I would include not only those where dropsy has followed an attack of the fever so slight as to have escaped notice, but also those in which the renal complication was primary; for it seems to me certain that here and there cases have occurred, without rash and without sore-throat, in which at the very outset the whole force of the poison has fallen upon internal organs—cases for which the term "scarlet fever" is literally a misnomer, and which can only be regarded as such from the fact of their occurring during an epidemic of that fever, and also because they seem to be quite as capable of communicating the poison as those in which it develops itself in the usual way. It is solely on account of the importance of this latter point that I have ventured to trouble you on the subject, because I think you will agree with me, that such cases are very likely to be a means of propagating the disease in an insidious and dangerous manner that is easily overlooked. I suppose I must have observed nearly a dozen of them, the last having presented itself only on Thursday; and I have thought that perhaps the occurrence of this latent form has not happened to come under your notice, as no reference has been made to it in your reports. You will know best whether there is any use in cautioning the public to beware of it. Probably you would think it futile to bid them beware of an invisible enemy! The only effective precaution that I can see lies in their being very suspicious just now of every attack of illness in their children, until its non-identity with scarlet fever becomes quite manifest.

"I imagine that isolated cases of this obscure kind do occur in most epidemics, but they must surely have been unusually numerous during this one.

"If I can furnish you with any further particulars that would be of any interest to you, I shall be happy to do so.—Believe me, my dear sir, yours sincerely,

"JOHN H. GRAY."

"David Davies, Esq., Medical Officer of Health."

As my paper is given in the capacity of a public officer, I offer no views on the medical treatment of the disease.

LIGATURE OF THE EXTERNAL ILIAC ARTERY WITH CARBOLISED CATGUT, FOR ANEURISM IN A SYPHILITIC SUBJECT.

By A. B. R. MYERS, M.R.C.S.Eng., Surgeon, Coldstream Guards.

PRIVATE A., Coldstream Guards, aged 33, service fifteen years, was admitted into hospital October 4th, 1874, for a large pulsating aneurismal sac implicating the right external iliac and femoral artery. Three weeks before admission, the patient strained himself in running, and soon afterwards observed this swelling, but he failed to report himself sick until compelled to do so by pain. In 1863, he was in hospital for the first time, and only for twelve days; for primary syphilis. The following year he was under treatment twice for a most severe secondary pustular eruption, which was treated with mercurial fumigation; and since then he has been in hospital eight times with specific ulcers of the leg, which, as a rule, readily healed under an iodide of potassium treatment, leaving, however, very brown stained cicatrices.

On admission, the sac, circular in shape, had a diameter of three inches, and pulsated very strongly; and, owing to the patient's great muscular development, much force was required to compress the external iliac sufficiently to even partially arrest the circulation.

It is needless here to record the treatment day by day of this case; suffice it to say that to November 20th mechanical and digital compression with and without the administration of large doses of chloralhydrate were tried, with great perseverance and to the utmost endurance