SCARLATINA MALIGNA.

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Two cases of the above disease, terminating rapidly in death and taking rather an unusual course, having lately come under my observation, I think a short report of them may be of interest to the profession.

CASE I.—A boy, aged 3 years and 3 months, previously healthy, excepting that he had a mild attack of measles in December, awoke at 1 A.M. on January 6th, complained of sickness, and vomited several times until 7 A.M., when he was slightly convulsed. At 11 A.M., when first seen by me, he was slightly feverish, with quick pulse; his skin was rather hot; the tongue coated with a brownish fur on each side of the median line and red towards the margins; and a faint blush was observed over the front of the chest, with a few scattered papillæ. Castor-oil and a warm bath were ordered; and the former acted freely in a short time. At 3 P.M., immediately after the bath, he had a violent attack of convulsions which lasted nearly half an hour; and, during that time, he became, according to his mother's account, quite black, foamed at the mouth, and was momentarily expected to die. After the attack subsided, he continued quite delirious and more or less convulsed until 1 A.M. on January 7th, when he asked a few questions rationally, and had a good voluntary evacuation from the bowels and bladder; the faces being very dark and offensive. At 6 A.M., he again became delirious. At 11 A.M., he was seen again by me, another surgeon having been in attendance in the meantime, when the delirium was extreme; the tongue, dry and brown, was protruded to its utmost and rolled from side to side; the eyeballs were deeply suffused, the straight arteries being more especially prominent; the pupils were contracted to the finest point; there was no squinting. The skin was hot and dry, but there was no appearance of eruption over any part, nor swelling of the throat. The pulse was very rapid, and felt with difficulty. Such continued to be his condition until 7 P.M., when death occurred; excepting that the mother remarked that he became gradually cold from the feet upwards (in her own words, "died upwards"), and immediately after death the body became rapidly livid in the same direction.

CASE II.—A sister, aged 6 years and 6 months, with the same previous history as Case I., at 3 P.M. on January 8th, complained of headache and sickness and vomited freely. A dose of castor-oil was at once given, and acted well. Shortly after the vomiting, she became delirious, but not convulsed; and at 11 P.M., when I first saw her, the delirium was very marked; the whole body being extremely hot, and the head especially so. The eyeballs were deeply suffused, as in the last case, with the same extent of contraction of the pupils. The pulse was very quick and small. There was no trace of eruption over the body. A warm bath, mustard to the calves, evaporating lotion to the head (this being shaved), and a purgative of grey powder and rhubarb, were ordered; and also a free supply of beef-tea and wine at frequent intervals in small quantities. During the night, the bowels acted three times, the faces being black and most offensive; and urine was passed, of high colour, but in good quantity. The delirium continued throughout the greater part of Jan. 9th; but towards evening she became a little conscious, asked a few questions, and complained of great thirst and soreness of the throat. The tongue was then very red and dry; the eyes were a little less suffused; and the pupils not so markedly contracted. The pulse was as before. The head was decidedly cooler. She was partially delirious during the night, but took wine and beef-tea freely. The bowels were relieved twice.

January 10th. This morning, for the first time, a well marked eruption broke out over the chest and abdomen. Delirium, however, was still present, with never ceasing restlessness. The skin was less hot; the pulse quieter, though very weak. She had taken large quantities of wine and beef-tea, and had had free evacuation of feces and urine; the former not amounting, however, to diarrhœa. She was less restless during the night; and, on the morning of Jan. 10th, the eruption was so fully developed, with diminution of fever, that great hopes were entertained of her recovery. As the day advanced, however, she became gradually unconscious; the pupils dilated largely; and she died at 11 P.M.; the under surface of the body having previously become livid; the mother, remarking that she became cold first at the chest and lastly in the feet, said that she died downwards. The whole body became speedily livid.

It is greatly to be regretted that the parents would not consent to post mortem examinations.

The family consisted, excluding those who died, of parents and two children—one a girl of 18 years, and the other a boy of 18 months. The mother, on the evening of Jan. 5th, had a miscarriage of a two

months' foetus; and, on the morning of the 8th, the father was attacked with violent vomiting, but nothing more. These four continue well; the baby's escape being probably attributable to the fact of his not having as yet been weaned. The rooms they occupy are large and commodious. There is nothing wrong to be detected in the sanitary arrangements in or near them; nor are there any other cases of scarlatina in this station. The children rarely left the Tower, nor had they mixed with others residing outside it.

A CASE WHERE OVARIOTOMY WAS UNSUCCESSFULLY ATTEMPTED.*

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THE subject of this account was a widow aged 39, who was admitted into St. Bartholomew's Hospital under my care, June 4th, 1867. She was healthy but of spare frame. Eight years ago she had her last child; and immediately after her confinement she noticed a small firm swelling just above the left groin. This had gradually increased in size without causing pain until a year ago, since which time she had suffered at times severely. The catamenia had been regular until six weeks before admission; during the last few weeks she had lost blood frequently *per vaginam*. The swelling at the date of admission was increasing quickly in size, and she was scarcely able to perform her household duties.

On June 4th, 1867, the abdomen was symmetrically distended by a cyst. Fluctuation was very perceptible over the whole of its surface, which was dull to percussion; the only resonant parts of the abdomen being the flanks, the epigastrium, and the hypochondria. The abdominal walls apparently moved over the tumour, and were inadherent. When she raised herself from the recumbent position, the region of the recti muscles became very prominent, and the flanks compressed. There were in the abdominal walls one or two hard knots, which seemed to be unconnected with the tumour. The uterus was pushed very low down in the pelvis; its fundus was plainly to be felt with the finger. It could be moved from side to side pretty freely, but in other directions its movement was very restricted.

From the history of the case, and from the physical examination of the patient, little doubt existed in the minds of those of my colleagues who examined the woman, that she was suffering from an ovarian cyst, which was probably unilocular and perhaps inadherent. In accordance with this view, on July 11th, the operation of ovariectomy was undertaken. An incision about three inches in length was made in the linea alba. On dissecting through the abdominal wall, no smooth cyst-surface was reached as in ordinary ovarian disease, but a granular and adherent membrane distended with fluid. This was opened with a minute puncture; and, as fluid resembling that found in ovarian disease escaped, the separation of the cyst from the abdominal wall was attempted. This separation had been accomplished to some extent, when suddenly the cyst-wall gave way at the point of puncture, and an hydatid cyst escaped. The nature of the disease being now evident, the opening was enlarged, and an immense quantity of hydatids were discharged. They were of all sizes, from the size of a marble to that of a cocoa-nut. In all, eight pints of fluids escaped, and seven pints of hydatid cysts. The cysts were apparently living and in full vigour. The parent-cyst extended far down into the pelvis, large numbers of hydatids being fished up from that cavity, and many more being forced out by pressure upwards made by the forefinger from the vagina. The cavity having been emptied as far as practicable, the cyst-walls were drawn out to some extent, and attached by silver sutures to the margins of the external wound. A poultice was then applied.

The subsequent progress of the case was thoroughly satisfactory. The cyst was syringed twice daily with a weak solution of iodine (two drachms of the compound tincture to a pint of water). Occasionally collapsed hydatids would escape after syringing. At no time was there any disagreeable odour from the wound. The fluid that escaped was tinged apparently by bile, and gave with nitric acid the ordinary reaction of that fluid.

On September 10th, the patient left the hospital in good health, with the wound soundly healed. Owing to the adhesion of the cyst-wall to the edges of the wound in the abdominal walls, the linea alba, though covered over with sound skin, remains ununited in its tendinous part; the patient is, therefore, obliged to wear an abdominal belt to prevent protrusion of the intestines.

REMARKS.—This case may serve to illustrate the uncertainty of the

* Read at the meeting of the Shropshire Scientific Branch, Nov. 1867.