

seventeen days from the beginning of his illness, if his history of the invasion is correct.

The temperature remained generally subnormal, only once reaching 99°; and the respirations gradually quickened toward the end.

### Clinical Department.

#### SCARLATINA WITH PERSISTENT HIGH TEMPERATURE, ASSOCIATED WITH WILD DELIRIUM, FINALLY CONTROLLED BY GUAIACOL.

BY FRANK E. PECKHAM, M.D., PROVIDENCE, R. I.

THERE were four children in the family, none of them having had scarlet fever, and the manner of infection could not be learned in this case.

The eldest child, age seven years, came home from school one night feeling badly and complaining of nausea. The next day there was vomiting and complete loss of appetite. On the third day, there being no change for the better, I was called in the evening.

The child at that time was lying quietly in bed, and the nausea was not so troublesome. The skin was covered with a mild eruption of scarlet fever. Throat slightly reddened. Parents had not noticed the eruption before, so the time of its appearance is unknown. Treatment: aconite, warm-water sponge-baths, liquid diet.

*Fifth Day.*—At the morning visit the eruption was well marked all over the body. Child had been very restless and delirious all night. Tonsils enlarged and covered with grayish membrane. Temperature 105°. Treatment: cold-water sponge-baths, phenacetine (grs. iii every three hours), tincture ferri chloride (gtts. v four times daily for local effect), peroxide-of-hydrogen (15 volume) spray for throat and nose.

At the evening visit the temperature was 106°. Child wildly delirious. Facial expression very bad. Treatment: tub-baths now ordered, beginning with warm water, and gradually cooler, until the water was just as cold as it came from the faucet, which in March is pretty cold. The first bath lowered the temperature to 104°. The child enjoyed this and subsequent baths very much. The eruption became more and more marked, until the whole surface of the skin seemed to be raised above its usual level in one reddened, scarlet mass. The temperature rose again soon, and the parents had a hard night of it keeping the patient in bed. Chloral was given in five-grain doses up to fifteen grains. The subsequent baths through the night made no impression on the temperature. It would be 105° immediately after removal from the tub.

The temperature was always taken in the axilla, being, of course, much higher in the mouth or rectum.

*Sixth Day.*—At the morning visit the temperature was 105.5°. Lips parched. Eyes sunken. Child looked badly. The throat was clean, but red, swollen and angry-looking. The child in her delirium was constantly tossing around, and had to be held all the time.

Baths were continued. Phenacetine increased to six grains every three hours. Chloral used per rectum through the day, but when evening came I found the temperature 106°, and child looking like death. It seemed impossible for her to live until morning.

At this visit I rubbed twenty-five drops of guaiacol into the skin over the abdomen, and in two hours the temperature had dropped to 104°. In the night fifteen drops more were rubbed in, and at the morning visit on the

*Seventh day,* the temperature was 103.8°. Child had been delirious all night, but not quite so wild—a very slight improvement, which let in a small ray of hope. During the day fifteen drops of guaiacol were to be rubbed in. Phenacetine omitted. The tub-baths were continued. The evening temperature was 103.8°.

*Eighth Day.*—Patient not yet rational, but more tractable. Throat looking a great deal better.

*Ninth Day.*—The evening temperature was 101°; and the child had had a little refreshing sleep and looked a great deal brighter. Guaiacol now discontinued.

*Tenth Day.*—Temperature up to 103°, due undoubtedly to the discontinuing of the guaiacol; but the patient is really rational, and can talk reasonably for the first time. Scales appeared to-day.

From this time the temperature gradually fell, until on the fifteenth day it reached 99°.

The tonsils now became troublesome. First an abscess developed in the left tonsil, with the swelling externally. This was opened by an external incision on the twenty-sixth day of the disease. Then an abscess formed in the right tonsil, which was opened on the inside on the forty-third day. After this there was no further trouble; and my last visit was on the forty-seventh day, when scaling had ceased. Patient was out-of-doors in the eighth week.

I report this case to show that guaiacol may be of great use in the acute febrile diseases. It has been tried in typhoid fever, and found to be rather dangerous on account of depressing the temperature too far and causing collapse.

In this case there was a very high temperature; and it seemed to me that the delirium was wholly due to that, and as soon as the temperature began to yield the delirium began to subside.

The fact that the temperature rose immediately after stopping the guaiacol would seem to prove that it was really due to the drug, and not a coincidence.

Another interesting point was that the cold tub-baths had so little influence upon the temperature. These baths were enjoyed immensely by the little patient, who would quiet down and paddle in the water even when the delirium was at its height.

The three children in the family who were not affected were sent away, and did not return until the house had been fumigated; and up to the present time they have been perfectly healthy.

### Medical Progress.

#### REPORT ON MENTAL DISEASES.

BY HENRY R. STEDMAN, M.D., BOSTON.

(Concluded from No. 20, p. 495.)

#### CASE OF ANTIPYRINOMANIA.

CAPPELLETTI<sup>9</sup> reports the case of an hysterical girl of twenty-three, weak and nervous. Headache for two years, treated by antipyrin in small doses. Drug be-

<sup>9</sup> Rivista Sperimentale di frenatria, xix, 100.