CASES SUGGESTIVE OF A
PROBABLY PROLONGED INFECTIOUSNESS
IN SOME CONVALESCENTS FROM
SCARLET FEVER.¹

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THE question how long the poison of scarlet fever may remain about the person of a patient, convalescent from the disease, is at once so important and so difficult to answer, that I shall perhaps be pardoned, as the following cases are somewhat suggestive, for giving such particulars of them as have either come under my own observation, been furnished me for the purpose by my friend Dr. Stewart, or gathered from the relatives of the patient.

On Tuesday, Feb. 14th of the present year, Ada, the eldest child at home of George B—, a journeyman mason, was seized with vomiting, and complained of a sore-throat. On Wednesday the skin of the chest was covered with "small brown dots," the face was flushed, and the child was feverish. The mother attached no great importance to the symptoms, as the child was delicate and often ailing. She kept her, however, in bed, but next day (Thursday) during her mother's absence, the girl got out of bed and went to the outer door. She would appear to have thus got a chill, for the reddening or rash on the skin disappeared, and on the following Monday the mother noticed a slight swelling or puffiness of the face. There was also swelling of the hands and ankles, and these symptoms so alarmed the girl's mother that next day she asked Dr. Stewart to see the child. This he did on Tuesday, Feb. 21st. Feeling in some doubt as to whether the child might not have had a slight attack of scarlet fever, Dr. Stewart advised that the two other children should be sent away. They were accordingly sent to Mrs. B—'s mother, next door, and remained there, as we shall see, some eight weeks. I am informed that there was no intercommunication between the houses, but I do not ask anyone to accept that literally. The arrangement, however, was probably as efficient, or as inefficient, as the separation of a scarlet fever patient in one room of a moderate-sized house generally is.

The patient was under medical care till March 13th, and was, her mother says, in bed about a fortnight of that time, but loose skin peeled off for some time longer. Later, I cannot learn exactly when, but not till risk of infection was supposed to be over, the house was cleaned down, white-washed, the paint and furniture washed, the mother's and children's dresses and underclothes, the bedclothes, bed-ticking, even the flocks of the bed itself, washed, while flannels, old blankets, and some other things of little value, and which could not be washed, were burned. The mother's bonnets had never been out of their box, and that, for want of room, had been all the time at the grandmother's. I do not find that Mr. B—'s clothes were subjected to any process of disinfection. Otherwise disinfection was carried out as completely as, perhaps even more thoroughly than, is usually done by people of the same class, and on March 23rd, rather more than five weeks from the date of attack, the father, mother, and convalescent moved to another cottage about a quarter of a mile distant. Rather more than three weeks after, when they had got thoroughly established, the two younger children were brought to the new home. This happened on Sunday, April 16th, nearly nine weeks from the commencement of the patient's illness.

The second girl, Florence, a child of four, slept with Ada that night, and next (Monday) morning was sick, vomited, and complained of sore-throat. On Tuesday she had a rash, more distinctly marked than ever Ada had, and Mr. B—'s mother, who came in, suspected scarlet fever, and advised them to get the doctor. Dr. Stewart's assistant saw the child on the 20th; he saw her himself on the 21st, and informed me of the case on the 22nd, requesting that, as the mother was expecting to be confined, I would take steps in the matter. I saw the children at once, and felt inclined to call both cases scarlet fever. There was a certain amount of roughness of the skin still about Ada, hardly typical desquamation. The younger child had a slightly dusky ring

round the isthmus of the fauces, but no very distinct rash. I explained to the father the state of the case—that I could not say more than that probably both children had had scarlet fever, and offered, if he was willing to run the risk, to send them to the scarlet fever ward at the borough hospital, but gave him the alternative of sending them both to some friend who had no children, and who did not intend to be with his wife during her confinement. I gave him an hour to make up his mind, and he elected to send the children to his wife's sister, a married woman without family. They were sent to Mrs. R—'s, about half a mile away, at once, and the house emptied of people and well stoved with brimstone by one of our inspectors. Mrs. B— had a slight sore-throat at the time the children were sent away. That night Mrs. R— took the second child, Florence, into her own bed, and next morning (Sunday, April 23rd) she was sick, had a sore-throat, and the following day a red rash. When I saw her, a few days later, she was suffering from a well-marked attack of scarlet fever. The children remained there till after their mother was confined, and till after Mrs. R— herself had quite recovered. Mrs. B— was confined on May 23rd, and did well.

When Dr. Stewart considered the cases ready for disinfection, the corporation officials fumigated Mrs. R—'s house, removed for disinfection the bedding, bedclothes, and clothes, and some eleven weeks from the time they had been sent away the children returned home. A few days later the third child, a boy of twenty months, was attacked in a similar way. His mother brought him, as an out-patient, to my clinical at the infirmary on October 31st. He has never been thoroughly strong since his illness in the summer, and has a trace of albumen in his urine.

The points of special interest about these cases are—(1) That a child, nearly nine weeks after the commencement of her own illness, should apparently have conveyed the poison of scarlet fever to her sister by contact; and (2) that an ailment so little marked, that one hesitated to incur the risk of sending the children to the fever hospital, should apparently have been infectious enough to cause a well-marked attack of scarlet fever in a healthy adult, who, as we learned afterwards, had not previously had the disease.

The amount of scarlet fever in the borough at the time was below the average of the same season during the three previous years. From the middle of April, for six weeks, it was as nearly absent as this disease ever is from a large town.

My own feeling about the infectiousness of scarlet fever at present is, that it is unwise to allow children to mix with others till desquamation has quite ceased, and my experience, during the last few years, of close upon a thousand cases of this disease at the borough hospital, is that the process is seldom completed before the eighth week, is often incomplete at the tenth, eleventh, and even the twelfth week, and is by no means always ended at the thirteenth week.

Huddersfield.

CASES OF STRANGULATED HERNIA, AND
THE TREATMENT OF OMENTAL
PROTRUSIONS.

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CASE 1. — H. W—, railway porter, aged twenty-eight, was admitted into the Dorset County Hospital on Oct. 13th, 1864, with a large hernial protrusion in the right inguinal region of some years' standing, for which he had been in the habit of wearing a truss. Two days previous to admission the truss was left off. The man having been drinking rather freely, and being unable to return the hernia, which hitherto he had been able to do without trouble, he was obliged to send for a surgeon, who was also unsuccessful in returning it. At the expiration of two days from this the patient was sent to the hospital. He was at once put under the influence of chloroform, but no impression could be made upon the protrusion, which was very tense and painful; and as the man's condition was becoming critical, I without delay cut down upon it. The sac was opened, and found to contain an extensive mass of highly coloured omentum, also a large

¹ A paper read before the Huddersfield Medical Society, Nov. 7th, 1882.