

ly feeble. He was removed immediately to his boarding house; warmth was applied; opium, morphine, brandy, &c., were administered freely, with no perceptible effect. As the bleeding continued and was partly arterial, the tourniquet was suggested and applied. He still moaned and complained of pain, which was probably increased by the tourniquet. He continued in this condition for two or three hours, taking brandy and morphine freely, with little or no change. Etherization was now suggested to relieve his pain and restlessness. He commenced inhaling sulphuric ether, and very soon ceased to moan, and, much to our gratification, we found the pulse rapidly improving; so that in about twenty minutes from the commencement of the inhalation, reaction was so far restored, that we had no hesitation in proceeding at once to amputation. He was now brought fully under the influence of the ether, and the limb was removed below the knee. He bore the operation well, lost but little blood, the pulse continued good, and he had a favorable recovery.

Burlington, Vt., Sept. 3d, 1856.

SCARLET FEVER.

BY CALVIN G. PAGE, M.D., ONE OF THE VISITING PHYSICIANS OF THE BOSTON DISPENSARY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have thought that an account of an epidemic of scarlet fever, occurring principally in my dispensary practice (most of the cases being in Ward V.), would not be uninteresting to the readers of the Journal.

The whole number of cases was 53. Recovered, 47; died, 6. The first case was seen on May 26th, the last on August 12th. Of the 6 deaths, 4 were from the disease proper, 2 from the sequelæ. The 4 who died from the disease proper, had all previously experienced convulsive attacks of some sort; 3 of them died within 24 hours of the commencement of the attack, one in 36 hours, in convulsions. In 3, the eruption suddenly disappeared. In 1, it assumed the purple color of scarlatina maligna. Of the deaths, 5 were those of boys; 1, a girl.

Two cases of subsequent dropsy recovered under the free use of hock wine, first recommended (I think) by Dr. John Ware. In one case of recovery, in which convulsions took place, some very remarkable phenomena occurred; the child, which had so far recovered as to be able to sit at the table with the family, was suddenly seized with paralysis, affecting the whole trunk and limbs. This soon passed away. He was then seized with hemiplegia. He was placed at once (by direction) in a hot mustard bath. In about six hours this attack passed away, and was soon followed by paraplegia, for which the same treatment was used, and from which he

entirely recovered at the end of twelve hours. He was very weak after these attacks, but recovered his strength rapidly.

Varicella was present at the time of the attack in 6 cases. The scarlatina, which was mild in 5 of these cases, did not seem to interfere with the varicella. In the 6th case, where the rash was more severe, the varicella remained stationary until the rash began to disappear, when it resumed its course, and the scars left by it were larger and deeper than usual.

It is hardly necessary to give a detailed report of any individual case. Nausea, and frequently vomiting, ushered in the attack. Chills, I think, must have occurred in most cases, although not noticed by parents, except in three instances. The rash appeared on the second day in all the cases, except one, in which it appeared on the third day, and was very scanty, being noticed only about the pelvis and thighs.

Treatment.—Frequent sponging, as often as once an hour, with cold water, saleratus water, &c., was always insisted on, and seemed the only thing that really gave any relief to the little patients. Small doses of ipecac, from one fourth of a grain to a grain, were frequently given. Chlorate of potash was used freely for the sore mouth, but without the benefit expected from it. In cases of simple stomatitis its powers are well known; but with me in scarlatina it certainly failed. The prophylactic power of belladonna was tried without success, and finally abandoned as useless. Perhaps a longer trial, under more favorable circumstances, might have produced a different result. In some mild cases no treatment whatever was used, except bathing. They did as well as those that took medicine.

In reviewing these cases, we notice, that all who died had previously had convulsive attacks of some kind. This may be an accidental coincidence, but it is certainly a remarkable one.

A question of practical importance also suggests itself, viz., Have we any reliable treatment for this disease?

Boston, September, 1856.

Case of Fissure of the Palate.—Prof. MILLER, at a meeting of the Medico-Chirurgical Society of Edinburgh, related the case of a young woman, whose mouth was minutely examined by various members. The chief interest in the case, was the fact of the fissure being three fourths cured by the employment of the means lately recommended by M. Cloquet, a notice of which appeared in the *Monthly Journal* for May, 1855. The plan is very simple. It is to cauterize the angle of the fissure to a very limited extent, and then leave the part to cicatrize—the object to be gained being the gradual closing of the fissure by the necessary contraction of the cicatrix. Mr. Miller declared himself well satisfied with the progress of the case, which promised a speedy cure.—*Edinburgh Med. Journal.*