

examination the source of bleeding was found to be varicose veins in this region. The hemorrhage became severe, and was checked with the application of ice and iodoform-gauze tampon. Repeated transfusion of saline solution was also practised. The patient came into labor, and was delivered spontaneously of a dead child. Profuse bleeding from the vagina and urethra occurred. The patient made a slow but uninterrupted recovery.

He also reports the case of a multigravida with valvular heart-lesion, who was taken with severe bleeding from the varicose veins of the labia. While the midwife in attendance was cleansing the patient the left labium ruptured, and profuse hemorrhage followed. The child's head was perforated, and it once extracted during very severe hemorrhage. Bleeding continued until the uterus was completely emptied, The ruptured veins were then closed by suture, and the patient made a prolonged recovery.

PÆDIATRIS.

UNDER THE CHARGE OF

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TRANSMISSION OF SCARLET FEVER BY MEANS OF LETTERS.

GRASSET (*Annales de Hygiène*, 1895, xxxiv. p. 143) records a case illustrating this method of transmitting the contagion. A child visiting away from home was taken ill with scarlet fever, and the desquamation was so marked that the friends wrote home to the parents describing the condition and enclosing several pieces of the skin. Six and a half days after the letter was received a baby-brother fell ill of the same disease. The only other case of the kind reported, according to the author's knowledge, was recorded by Sanné. Two persons received a letter from a scarlatina-convalescent, who stated that she was desquamating so freely that particles of cuticle fell upon the paper as she wrote. Both her friends fell ill of the disease some days later.

INGUINAL HERNIA WITH AN UNUSUAL COMPLICATION.

W. O. ROBERTS, of Louisville (*Archives of Pediatrics*, January, 1896, p. 35), reports a peculiar case occurring in a child one year and three weeks old. From birth there had existed a complete inguinal hernia of the right side, but this had given no annoyance and could always be reduced without difficulty. The day before Dr. Roberts was called in, the child had had what was supposed to be an attack of dysentery, characterized by vomiting, and the

passage of frequent muco-sanguineous discharges from the bowels, with evidence of severe pain. A large tumor occupied the right side of the scrotum, and the mass could not be reduced. Herniotomy was advised as soon as the case was seen by the medical attendant. On cutting down upon the sac the coverings were found to be very thick, and contained little or no fluid. The contents consisted of the appendix vermiformis and a portion of the cæcum. Protruding from the posterior surface of the appendix was an ordinary brass pin, the head being within the viscus and the point sticking out. The appendix was removed, the cæcum returned, and the sac obliterated. The child made an uninterrupted recovery.

"RETURN-CASES" OF SCARLET FEVER.

It occasionally happens after the discharge of a patient who has been treated for scarlatina in an isolation-hospital that the disease reappears in the family shortly after the convalescent's return to his home. Birdwood, for instance, in the annual report of the Metropolitan Asylums Board, reports from the Northeastern Hospital 61 such cases out of a total of 1793 discharges, a percentage of 3.4. It is quite probable that many of these instances are coincidences, arising in fresh sources of infection; but it is also likely in some cases that infected articles, put away on the removal of the patient to the hospital, are brought out again after his return, and furnish the real source of the new infection. In a certain proportion of cases, however, the lately returned patient certainly is the carrier of the disease.

A careful investigation of the conditions under which these "return-cases" may appear has been lately made by CHALMERS (*Lancet*, June 22, 1895) from the statistics of the three fever-hospitals of Glasgow. During 1894, 2593 patients were sent to their homes after an attack of scarlet fever, and in 70 of the houses fresh cases of the disease appeared. In 93 per cent. of these cases the new infection appeared within two weeks after the return. In 19 per cent. the secondary illness seemed to depend upon the recurrence of desquamation or of discharge from the nose or ear in the original patient. In the remaining cases no such cause was found, so that it seems probable that the patient may remain infective, although he is entirely free from desquamation and shows no trace of the disease. There appears to be some evidence of the connection of this latent infectivity with the amount of air-space allotted to each patient in the ward, there being apparently a greater tendency to the communication of secondary infection when the original patient has been treated in an overcrowded ward. Whether this infective power lies in the breath or in the skin, the practical conclusion is adduced that a patient should be isolated from other children for some time after his return from the hospital.

STUDY OF TWELVE EPIDEMICS OF VARICELLA.

SEMSCHENKO (*Ejenedelnik*, 1895, No. 23, p. 421, abstracted in *Revue Mensuelle des Maladies de l'Enfance*, December, 1895, p. 582) publishes a study of 872 cases of varicella observed in various epidemics during fifteen years at the Hospice des Enfants-Assistés in Kasan.

In all the cases the existence of a period of incubation was observed, which