

upon the extravasation of blood between the dura mater and the skull, the latter must be opened in order that the clot may be turned out, and that to be of any avail the operation should be practiced at once, since when stupor, convulsions, and hemiplegia arise, after the case has had time to run through the different stages of inflammation, they are due to irremediable suppurative inflammation of the pia mater and arachnoid, or to abscess of the brain, or to a combination of both these conditions."

Here I believe is the secret of the failure of the operation in many cases: it is too late. While the surgeon waits for more urgent symptoms, he waits till Death steps in before him.

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### SCARLATINA VERSUS DISINFECTION.

BY JOHN L. SULLIVAN, M. D., MALDEN.

THE following history illustrates the difficulty of extinguishing the contagion of scarlet fever, as well as that of determining the period when the disease ceases to be communicable by the patient or his surroundings:—

On November 1, 1876, a girl, aged six years, one of a family of three children, during the temporary absence of her elder sister and brother, was seized with scarlatina anginosa. The case terminated favorably after running a severe course. On the 28th the child seemed perfectly well. Desquamation had ceased; her skin had been cleansed as thoroughly as it could be by repeated ablutions of warm water and soap, and the liberal use of vinegar and carbolic acid solution.

In the mean time the absentees had held no communication with home, and, as a further precaution for their safety, it was deemed advisable to try to disinfect the premises, and possibly to expel the contagion before their return. This was carefully done under my immediate supervision. One after another all the apartments of the dwelling, including the halls, were filled with fumes of burning sulphur, as dense as could be generated by the rapid combustion of large quantities of that substance moistened with alcohol, and in this state were kept closed for several hours. Doors and windows were then thrown wide open and the air allowed to sweep through the house until the sulphurous smell had been dissipated. Beds, blankets, and other woollen fabrics that had been worn or used by the patient or her attendants were spread out in one of the closed rooms and exposed for a long time to the action of the sulphurous vapor and afterwards for more than twenty-four hours to that of the out-door air, at a season when the weather was boisterous. All washable articles were "scalded out" in boiling water, washed in strong soap-suds, and dried on the clothes-line in an

adjoining yard. Lastly, the walls and ceiling of the chamber occupied by the patient were whitewashed. In short, no pains were spared to insure the complete purification of every nook and corner of the domicile, as well as of everything it contained.

On December 1st, thirty-one days from the date of the appearance of the disease, one of the absent children, the eldest, also a daughter, returned home, owing to unforeseen circumstances, a fortnight earlier than had been expected. She was strictly prohibited from entering either the story of the house or the room in which her sister had been confined; and although in the day-time the children were suffered to play together, at night they were separated. December 15th, just a fortnight after her return, she came down with scarlet fever of a less severe type than the previous case. After her recovery, which was speedy, the same processes of cleansing, fumigation, etc., were repeated with, if possible, greater thoroughness than before.

January 14th, thirty days from the date of the second outbreak, the third and youngest child was brought back. Nine days later, on the 23d of the same month, he was attacked with greater severity than either of the others, but after a dangerous and protracted illness he, too, recovered.

The occurrence, shortly afterwards, of a fourth and last case, the patient being the mother of the family, may be mentioned, although having no direct bearing upon the subject of this article.

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## RECENT PROGRESS IN THE TREATMENT OF DISEASES OF CHILDREN.<sup>1</sup>

BY D. H. HAYDEN, M. D.

*On the Treatment of Chorea.*<sup>2</sup>—In the last volume of the *Medico-Chirurgical Transactions* the author<sup>3</sup> gave the results of a series of observations upon the morbid anatomy of chorea, the inference drawn from them being that the disorder is not a mere accident of embolism; that the cardiac disturbance so often associated with the nervous lesion is always of later date and obviously secondary to it; and that the disease has its rise in the nervous centres, where the first visible change is vascular distention, closely followed by extravasation and by the several tissue changes which congestion and extravasation produce. The conclusion that chorea is primarily a nervous and not a vascular disorder is consistent with its relationship to other neuroses, its occurrence in the families of the epileptic and insane, and the proclivity to it which is displayed by children of nervous mobility, such as are bright, sensitive,

<sup>1</sup> Concluded from page 131.

<sup>2</sup> *Lancet*, January 6, 1877.

<sup>3</sup> W. H. Dickinson, M. D.