first, but after the first two the pain was decidedly easier, and on the fourth day she was quite well. It matters little which of the remedies used in this case has the merit of the cure, it is perhaps sufficient to know that in similar cases such a combination may succeed.

ART. VIII.—*Cases and Observations on the Dropsy following Scarlet Fever in Children.* By Cathcart Lees, M. B., Physician to the South Dublin Union, and to the Institution for Diseases of Children.

As there exists much difference among the profession in the present day, in regard to the essential nature of the anasarca which so frequently succeeds to scarlet fever, I think it may prove interesting to place on record some cases which have occurred in my practice in the South Union Workhouse.

Scarlatina was very prevalent among the children of the Institution in October, 1840, but assumed a remarkably mild character, the eruption being healthy, with very slight affection of the throat. Several children were brought to me in November with oedema of the face, and general anasarca, so as to assume almost the character of an epidemic; but out of thirty-six such cases, only two had been under treatment for scarlatina; but I presume that the other children must have also had the disease, though in so slight a form as not to have been reported sick, and therefore that the first stage of the disease had been allowed to run its course, uninterfered with.

As the number of cases which occurred have afforded me an opportunity of studying the disease satisfactorily, particularly with regard to its complication and the pathological state of the viscera, I have selected a few of the more important cases, which will serve to illustrate the principal features of the disease.

In consulting the various authors who have written on this
Dropsy following Scarlet Fever in Children.

subject, it is curious to observe at what different conclusions they have arrived, with regard to its importance;* thus Cul- len, Bateman, and Armstrong pass it over with but slight notice. Dr. Darwell, in the Cyclopaedia of Practical Medicine, states that he has never met with a fatal case, and that he is indebted to Drs. Wells and Abercrombie for a description of the morbid appearances. The last named authors treat of it as a serious and often fatal disease; Plenciz describes it as having been more fatal than the scarlatina itself, which prevailed in Vienna in 1762; and Burserius, in his Institutes,† states, that in 1517, at Florence, it proved very fatal, till they discovered that it depended on inflammation of the lungs and pleura. “They were therefore led to adopt the opinion, that pneumonia ought to be considered as the primary disease, and that the swelling was a symptom or effect of it.” Although in the present advanced state of science, no pathologist would adopt this opinion, yet I think that sufficient attention has not been paid to the different causes of the disease, nor to its complication, I shall therefore arrange the cases which have occurred in my practice under three heads.

Case I.—James Condran, æt. 10, a fine healthy boy, was brought to me on November 12th, by his mother, who said she had perceived his face slightly swelled for a few days, with loss of appetite. He appeared drowsy and heavy; bowels costive; pulse 80, full; urine scanty, and turbid, like porter; it filters quite clear, and is highly albuminous. The extremities were slightly oedematous, as well as the skin.


13th. A wretched night, from cough and dyspnœa; blood not buffed nor cupped; pulse 90, full.

V. S. ad § iv. Mixture expectorant.

* The reason of this discrepancy is easily accounted for, as stated by Dr. Copeland, viz. that its severity varies with the state of the prevailing epidemic.
† Vol. ii. 123.