necessary, in conclusion, to observe that ergot or ergotin,
like all other active drugs, must be judiciously employed, or,
in other words, should be given only in suitable cases and
conditions, at the proper time, in efficient doses, and with due
precautions.

ART. VIII.—Two Cases of Relapse in Scarlatina.a By
E. MACDOWEL COSGRAVE, M.D., F.R.C.P.I.; Professor
of Biology, Royal College of Surgeons, Ireland; Physician
to Cork-street Fever Hospital, Dublin.

DURING the course of a case of scarlatina various rashes may
appear in addition to the specific one; sometimes these are
"accidental," being caused by local applications or digestive
troubles; sometimes they denote the presence of a second
febrile process, and in this way the rashes of measles,
Rötheln, chicken-pox, enteric fever, &c., may be met.

Sometimes, however, the second rash is a punctiform scar-
latal rash, and the severity of the course of the febrile dis-
turbance, the accompanying symptoms and the resulting
desquamation, show that the second rash is due to a true
relapse.

A very valuable summary of the literature of the subject
up to 1891 is given by George P. Boddie., M.B., in the
Edinburgh Medical Journal for October, 1891, b and seven
additional references are given in the last Appendix to
"Neale's Medical Digest." c Six out of the seven references
are to papers which appeared in the British Medical Journal.
Although by a reference to these two summaries it is seen
that a fair number of cases of relapse are on record, it must
be remembered that scarlatina is an extremely common dis-
ease, and that, therefore, the percentage of cases in which
relapse occurs must be extremely small.

A true relapse must, however, be distinguished not only
from accidental rashes, but from true second attacks. The
best definition of a relapse is Körner's:—A true relapse in

a Read before the Section of Medicine of the Royal Academy of Medicine
in Ireland, March 12, 1897. [For the discussion on this paper, see p. 67].
b On Relapse or Recrudescence in Scarlet Fever; Two Cases, with a
Note on the Literature of the subject.
c Up to August, 1895.
Two Cases of Relapse in Scarlatina.

Scarlet fever is quite analogous to the relapse in typhoid; the first febrile process is completely gone, usually desquamation has appeared, sometimes even terminated, when there sets in a renewed manifestation of the disease. There appears for the second time a characteristic scarlatinal exanthem, all the symptoms of the illness begin anew, sometimes worse than in the first illness; often the new exanthem completes the former."

For the careful notes of the two following cases I am indebted to the kindness of Dr. Ernest A. Bourke, who at the time the cases were under treatment was Assistant-Resident Medical Officer at Cork-street Hospital.

Case I.—P. B., a girl of nine years of age, was admitted into Cork-street Hospital under my care, on the second day of illness, on November 12th, 1896. She had a very extensive dark-coloured rash, almost purpuric in appearance; well-marked tache scarlatinale; the tongue was coated and the papillae were prominent; the tonsils were inflamed, swollen, almost plum-coloured, and bore large patches of exudation; the submaxillary glands were swollen and tender; there was sleeplessness and delirium; the temperature on the evening of admission was 103°, the pulse 132. It was evidently a severe case of scarlatina anginos.

The illness of other members of the family confirmed the diagnosis; as a sister, admitted on the same day, died, on the fifth day of illness, of scarlatina maligna, and four other brothers and sisters were admitted during the same month, all suffering from severe scarlatina.

The figures of the case need be but briefly noted; the temperature kept up to 103° until the fifth day, from that it fell until on the ninth day it was normal. On the sixteenth day of illness the patient was allowed up. There was no albuminuria; desquamation was well marked, the cuticle separating in large flakes.

On December 7th—the twenty-eighth day of illness, and twenty-sixth day after admission into hospital—when desquamation was finished on the trunk and upper extremities, but was still occurring in the legs and feet—the patient had an attack of vomiting; this was accompanied by headache, and pains in the limbs; towards evening a red rash appeared on the trunk and limbs, and the temperature rose to 103°4, the pulse being 108.

December 8th. (Next morning).—The temperature had risen to

* Quoted by Boddie, loc. cit., from Jahrbuch für Kinderheilkunde. 1873.