ART. IV.—Report on an Outbreak of Scarlatina in Lurgan.*
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As an epidemic of septic throat and scarlatina has recently occurred in this town, and most of the patients were under my care, an account of it, with notes of a few of the cases, may be acceptable.

The first case occurred on April 7, 1909—a lady of thirty-five, who was attacked by scarlatina of moderate severity, as was her brother, who is some years older. Four days later (11th), in a house not far distant, I was summoned to the wife of one of our leading men—a lady of sixty-five, who was very ill with sore throat—her grandchild in the house was developing scarlatina, and a servant was almost as ill as her mistress. Mrs. H.'s tonsils were covered with grey exudation, and the inflammation extended over the soft palate, roof of mouth and pharynx, which were coated with tenacious mucus. Her temperature was 103°. Toxaemia considerable. After an

* A Thesis read for the Degree of Doctor of Medicine in the University of Dublin, June, 1909.
anxious few days she convalesced, the servant was not well for two weeks, and the grandchild recovered only after a prolonged and complicated illness. A week after his wife Mr. H., aged sixty-six, who had been kept apart from the others, took sore throat. Next morning he tried to rise, but fell on getting out of bed. He complained of pain in the instep, and I found the joints between the cuneiform and metatarsal bones very tender. His throat looked like his wife's, but was not so painful. Temperature 101.5°. His aspect was dull and heavy, quite unlike the brisk appearance of one of our most successful men. Pulse 120 and weak, and the urine, which had been proved free from it not long before, now contained some albumen. This vigorous man, who boasted he had never been two consecutive days in bed in all his business life, went to the bad so fast that he died after five days' illness of septic poisoning—pneumonia setting in on the fourth day. A nephew, who was staying in the house at the beginning of Mrs. H.'s illness, and had gone home to Belfast, there became very ill with sore throat as the most prominent feature, and a middle-aged charwoman who had not been in contact with the invalids, developed a similar illness, and was seriously affected for a week. Another servant took scarlatina later—probably from infection from the child.

During this fortnight numerous cases of scarlatina occurred, most of them in the same part of the town, but a fair number scattered over its whole area, a much larger proportion of these than usual being adults. These conformed in type to the first—the child's—case, being very severe, the rash long delayed—in a few not appearing for several days—and dark in colour, the sloughing in throat extensive, glandular enlargements, cellulitis, or middle ear suppuration being the rule rather than the exception. I am sorry to say that of fifty cases treated by me in the Fever Hospital four died. In one of the fatal cases death was due to secondary septic throat followed by septicemia taken during convalescence from the primary disease. No case treated by me or my colleagues in private was fatal.

It was noticeable that but one attack of nephritis occurred, and in few patients was there even a transient albuminuria,