500 cantatas, and innumerable smaller pieces, both sacred and secular. MSS. of three of his operas, *Gerone, Il Flavio Cunibertο,* and *La Teodora Augusta,* are preserved in the library of Christ Church, Oxford ; and *Il Prigioniero Fortunato* forms part of the “ Dragonetti Collection ” in the British Museum.

SCARLATTI, Domenico (1683-1757), son of the pre­ceding, was born at Naples in 1683, and studied music first under his father and then under Gasparini. He began his career by composing a few operas, among them *Amletο,* produced at Rome in 1715, and remarkable as the earliest known attempt to pose Shakespeare’s hero as the *primο uοmο* of a *dramma per la musica.* But his real strength lay in the excellence of his performances on the harpsichord and organ. During Handel’s first sojourn in Italy in 1708-9 D. Scarlatti was invited to a trial of skill with him on both instruments at the palace of Cardinal Ottoboni, and all present decided that the harpsichord performances terminated in a drawn battle, though Handel had a decided advantage on the organ. The justice of the verdict cannot be doubted ; for, whenever Scarlatti was afterwards praised for his organ-playing, he used to cross himself devoutly and say, “ You should hear Handel! ”

On the death of Bai in 1715 D. Scarlatti was appointed maestro di cappella of St Peter’s in Rome. In 1719 he conducted the performance of his *Narciso* at the King’s Theatre in London, and in 1721 he played with great success in Lisbon. He then returned to Naples; but in 1729 he was invited to Madrid, with the appoint­ment of teacher to the princess of Asturias, and remained there twenty-five years, returning in 1754 to Naples, where he died in 1757.

D. Scarlatti’s compositions for the harpsichord are almost in­numerable, and many of them have been published. In the character of their *technique* they are infinitely in advance of the age in which they were written and played ; and many of them are difficult enough to tax the powers of the best performers of the present day.

SCARLET FEVER and Scarlatina are names applied indifferently to an acute infectious disease, characterized by high fever, accompanied with sore throat and a diffuse red rash upon the skin. This fever appears to have been first accurately described by Sydenham in 1676, before which period it had evidently been confounded with small­pox and measles.

In connexion with the causation of this disease, the following points have been ascertained. (1) It is a highly contagious malady, the infective material being one of the most subtle, diffuse, and lasting known in fevers. It would seem that the disease is communicable from an early period of its occurrence, all through its progress, and especially during convalescence when the process of desquamation is proceeding, and when the shed-off epidermis which contains the germs of the disease in great abundance is apt to be inhaled, to become attached to articles of clothing, to find entrance into food, or to be transmitted in other ways to healthy persons. (2) It is a disease for the most part of early life, young children being specially susceptible ; but adults may also suffer if they have not had this fever in childhood. (3) It occurs both in isolated cases (sporadically) and in epidemics. (4) One attack in general, although not always, confers immunity from a second. (5) Certain constitutional conditions act as predisposing causes favouring the development of the fever. Thus, where overcrowding prevails, and where the hygienic state of children is ill attended to, the disease is more likely to prevail and spread, and to assume unfavourable forms. Further, in the puerperal state in women there appears to be a special susceptibility to suffer in a dangerous manner should there be exposure to the infection of the fever. As to the nature of the infecting agent, nothing positive is known, although from the analogy of similar diseases it is

probable that specific micro-organisms or germs are concerned in its production.

The period of incubation in scarlet fever (that is, the time elapsing between the reception of the poison and the development of symptoms) appears to vary. Sometimes it would seem to be as short as one or two days, but in most instances it is probably about a week. The invasion of this fever is generally sudden and sharp, consisting in rigors, vomiting, and sore throat, together with a rapid rise of temperature and increase in the pulse. Occasionally, especially in young children, the attack is ushered in by con­vulsions. These premonitory symptoms usually continue for about twenty-four hours, when the characteristic eruption makes its appearance. It is first seen on the neck, chest, arms, and hands, but quickly spreads all over the body, although it is not distinctly marked on the face. This rash consists of minute thickly-set red spots, which coalesce to form a general diffuse redness, in appearance not unlike that produced by the application of mustard to the skin. In some instances the redness is accompanied with small vesicles containing fluid. In ordinary cases the rash conies out completely in about two days, when it begins to fade, and by the end of a week from its first appearance it is usually gone. The severity of a case is in some degree measured by the copiousness and brilliancy of the rash, except in the malignant varieties, where there may be little or no eruption. The tongue, which at first was furred, becomes about the fourth or fifth day denuded of its epithelium and acquires the peculiar “ strawberry ” appearance characteristic of this fever. The interior of the throat is red and somewhat swollen, especially the uvula, soft palate, and tonsils, and a considerable amount of secretion exudes from the inflamed surface. There is also tenderness and slight swelling of the glands under the jaw. In favourable cases the fever departs with the dis­appearance of the eruption and convalescence sets in with the commencement of the process of “ desquamation ” or peeling of the cuticle, which first shows itself about the neck, and proceeds slowly over the whole surface of the body. Where the skin is thin the desquamation is in the form of fine branny scales; but where it is thicker, as about the hands and feet, it comes off in large pieces, which sometimes assume the form of casts of the fingers or toes. The duration of this process is variable, but it is rarely complete before the end of six or eight weeks, and not unfrequently goes on for several weeks beyond that period. It is during this stage that complications are apt to appear, particularly those due to cold, such as inflam­mation of the kidneys ; and all throughout its continuance there is the further danger of the disease being communi­cated to others by the cast-off epidermic scales.

Scarlet fever shows itself in certain well-marked varieties, of which the following are the chief :—

1. *Scarlatina Simplex* is tho most common form ; in this the symptoms, both local and general, are moderate, and the case usually runs a favourable course. It is always, however, to be borne in mind that the duration and the infectiveness of the disease, in­cluding its convalescence, are uninfluenced by the mildness of the attack. In some rare instances it would seem that the evidences of tho disease are so slight, as regards both fever and rash, that they escape observation and only become known by the patient subse­quently suffering from some of the complications associated with it. In such cases the name *latent scarlet fever (scarlatina latens)* is applied.
2. *Scarlatina Anginosa* is a more severe form of the fever, par­ticularly as regards the throat symptoms. The rash may be well marked or not, but it is often slow in developing and in subsiding. There is intense inflammation of the throat, the tonsils, uvula, and soft palate being swollen and ulcerated, or having upon them mem­branous patches not unlike those of diphtheria, while externally the gland tissues in the neck are enlarged and indurated and not unfrequently become the seat of abscesses. There is difficulty in opening the mouth ; an acrid discharge exudes from the nostrils and excoriates the lips ; and the countenance is pale and waxy-