patient subsequently suffering from some of the complications associated with it. In such cases the name *latent scarlet fever (scar­latina latens)* is applied.

2. *Septic Scarlatina* or *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-looking. This form of the disease is marked by great exhaustion and the gradual development of the symptoms of acute septicaemia, with sweating, albuminuria, delirium and septic rash.

3. *Tοxic* or *ataxic scarlatina (scarlatina maligna).* In this form t he gravity of the condition is due to intense poisoning, «and the patient may even die therefrom before the typical symptoms of the disease have had time to manifest themselves.

The typically malignant forms are those in which the attack sets in with great violence and the patient sinks from the very first. In such instances the rash either does not come out at all or is of the slightest amount and of livid rather than scarlet appearance, while the throat symptoms are often not prominent. A further example of a malignant form is occasionally observed in cases where the rash, which had previously been well developed, suddenly recedes, and convulsions or other nervous phenomena and rapid death supervene.

The complications and effects of scarlet fever are among the most important features in this disease, although their occurrence is exceptional. The most common and serious of these is inflammation of the kidneys, which may arise during any period in the course of the fever, but is specially apt to appear in the convalescence, while desquamation is in progress. Its onset is sometimes announced by a return of feverish symptoms, accompanied with vomiting and pain in the loins; but in a large number of instances it occurs without these and comes on insidiously. One of the most prominent symptoms is slight swelling of the face, particularly of the eyelids, which is rarely absent in this complication. If the urine is examined it will probably be observed to be diminished in quantity and of dark smoky or red appearance, due to the presence of blood; while it will also be found to contain a large quantity of albumen. This, together with the microscopic examination which reveals the presence of tube casts containing blood, epithelium, &c., testifies to a condition of acute inflammation of the kidney (glomerular and tubal nephritis). Occasionally this condition does not wholly pass off, and consequently lays the foundation for Bright’s disease. Muco-purulent rninorrhoea and also rheumatism are others of the more common complications or results of scarlet fever, while suppuration of the ears is due to the extension of the inflammatory process from the throat along the Eustachian tube into the middle ear. This not unfrequcntly leads to permanent ear-discharge, with deafness from the disease affecting the inner ear and temporal bone, a condition implying a degree of risk from its proximity to the brain. Other maladies affecting the heart, lungs, pleura, &c., occasionally arise in connexion with scarlet fever, but they are of less common occurrence than those previously mentioned.

In the treatment of scarlet fever, one of the first requirements is the isolation of the case, with the view of preventing the spread of the disease. In convalescence, with the view of preventing the transmission of the desquamated cuticle, the inunction of the body with carbolized oil (1 in 40) and the frequent use of a bath containing soda, are to be recommended. With respect to the duration of the infective period, it may be stated generally that it is seldom that a patient who has suffered from scarlet fever can safely go about before the expiry of eight weeks, while on the other hand the period may be considerably prolonged beyond this, should any nasal or aural discharge continue. As to general management during the progress of the fever, in favourable cases little is required beyond careful nursing and feeding. The diet all through the fever and convalescence should be of light character, consisting mainly of milk food. Soups and solid animal food should as far as possible be avoided owing to the frequency of nephritis. During the febrile stage a useful drink may be made by a weak solution of chlorate of potash in water (1 drachm to the pint), and of this the patient may partake freely. The fauces should be irrigated every few hours with a mild antiseptic solution, and sucking ice often relieves local discomfort. Should the lymphatic glands be enlarged and tender, they should be fomented. If suppuration threatens they must be opened. In septic cases the nasofaucial passages must be cleansed with a more powerful anti- septic. Insomnia, restlessness and high temperature may be re­lieved by tepid sponging, and acute hyperpyrexia by cold baths. The treatment of kidney complications is similar to that of acute Bright’s disease. A hot-air bath or wet pack is often useful. Otitis may be troublesome, and when otorrhoea is established the canal must be kept as aseptic as possible. The ears should be care­fully syringed every four hours with an antiseptic solution and dried, and a little iodoform inserted into the meatus. Complications such as mastoid disease require special treatment. Recently a method of treatment introduced by Dr Robert Milne, and consisting of the

inunction of the entire body with eucalyptus oil from the *first* day of the disease, together with swabbing the tonsils with a solution of 1 in 10 of carbolic oil, has been advocated as rendering the patient absolutely non-infectious as well as limiting the severity of the disease. The method is still on its trial, but it is possible it may revolutionize our mode of treatment.

*Serumtherapy.—*Marmorek’s original antistreptococci serum has been on the whole disappointing in its results, but polyvalent serums have been much more successful. Dr Besredka prepared a serum from the bl∞d of fatal cases, and in the serum prepared at the Pasteur lnstitute no less than twenty separate strains of streptococci are used. In using serums, early and large dosage is necessary. Palmirski and Zebrowski have also prepared a serum from the streptococcus conglomerulatus, which has been used with considerable success in the children’s hospital at Warsaw.

SCARLETT, SIR JAMES YORKE (1799-1871), British general, was the second son of the 1st Baron Abinger. Educated at Eton and Trinity College, Cambridge. He entered the army as a cornet in 1818, and in 1830 became major in the 5th Dragoon Guards. From 1836 until 1841 he was Conservative member of Parliament for Guildford. In 1840 he obtained the command of his regiment, which he held for nearly fourteen years. In the Crimean War the 5th Dragoon Guards formed part of the Heavy Cavalry Brigade (of which Scarlett was appointed brigadier); it was sent to the Black Sea in 1854, and suffered very heavily from cholera in the camps of Varna. Scarlett underwent his baptism of fire before Sebastopol. On the 25th of October 1854 occurred the battle of Balaklava, at which the Heavy Brigade achieved a magnificent success against the Russian cavalry, and had the brigadier (who in the previous charge had been in the thickest of the mêlée) been allowed to advance as he wished, might have converted the disastrous charge of the Light Brigade into a substantial success (see Balaklava and Crimean War). For his services on this day Scarlett was promoted major-general, and in 1855 was made K.C.B. After a short absence in England he returned to the Crimea with the local rank of lieutenant-general to command the British cavalry. After the Peace of Paris Sir James Scarlett commanded the cavalry at Aldershot until i860, and was adjutant-general of the army from 1860 to 1865. In the latter year he became commander of the Aldershot Camp, a post which he held until his retirement in 1870. He died in 1871. In 1869 he had been made G.C.B.

SCARRON, PAUL (1610-1660), French poet, dramatist, novelist and husband of Madame de Maintenon, was baptized on the 4th of July 1610. His father, of the same name, was a member of the *parlement* of Paris. Paul the younger became an *abbé* when he was nineteen, and in 1633 entered the service of Charles de Beaumanoir, bishop of Le Mans, with whom he travelled to Rome in 1635. Finding a patron in Marie de Hautefort, he became a well-known figure in literary and fashion­able society. An improbable story is told on the authority of La Beaumelle *(Mémoires . . . de Mme de Maintenon)* that— when in residence at his canonry of Le Mans—he once tarred and feathered himself as a carnival freak and, being obliged to take refuge from popular wrath in a swamp, was crippled from rheumatism. What is certain is that Scarron, after having been in perfect health for nearly thirty years, passed twenty more in a state of miserable deformity and pain. His head and body were twisted, and his legs became useless. He bore **up** against his sufferings with invincible courage, though his circumstances were further complicated by a series of lawsuits with his step- mother over his father’s property, and by the poverty and misconduct of his sisters, whom he supported. Scarron returned to Paris in 1640, and in 1643 appeared a *Recueil de quelques vers burlesques,* and in the next year *Typhon ou la gigantomachie.* At Le Mans he had conceived the idea of the *Roman comique,* the first part of which was printed in 1651. In 1645 was performed the comedy of *Jodelet, ou le maître valet,* the name of which was derived from the actor who took the principal part. *Jodelet* was the first of many French plays in which the humour depends on the valet who takes the part of master, an idea that Scarron borrowed from the Spanish. After a short visit to Le Mans in 1646, he returned to Paris, and worked hard for the bookseller Quinet, calling his works his “ *marquisat de Quinet."* He had