ON THE VALUE OF EUCALYPTUS OIL AS A DISINFECTANT IN SCARLET FEVER.

BY JOSEPH PRIESTLEY, B.A. LOND., M.D. EDIN., D.P.H. CANTAB., MEDICAL OFFICER OF HEALTH, LEICESTER.

Since I have been connected with the public health service I have always felt that there was room for improvement in the treatment of scarlet fever patients. It seemed to me that the long stage of desquamation, during the greater part of which the hospital patients are to all intents and purposes convalescent, was, to say the least, hard lines upon the general body of ratepayers, and that, from the intents and purposes convalescent, was, to say the least, hard lines upon the general body of ratepayers, and that, from the greater part of which the hospital patients are to all intents and purposes convalescent, was, to say the least, hard lines upon the general body of ratepayers, and that, from the greater part of which the hospital patients are to all intents and purposes convalescent, was, to say the least, hard lines upon the general body of ratepayers.

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we as health officers are satisfied if we discover an ante-
less than 120 children in various stages of desquamation
a pure coincidence? My own line of reasoning ia as
case occurred at any of these houses, although 1 carefully
Scarlet fever is an infectious disease due to
the entrance into the system of a micro-organism—the
micrococcus scarlatinse of Klein, the bacillus Ecarlatirm of
probability the throat. On entering the body at this point,
Edington, or other germ—the point of attack being in all
and incubating there for a certain length of time, the poison
to understand how such dead skin could so readily give
extremely infectious in its early stages—i.e., from the
experience, I think, is tending to prove that scarlet fever is
be stringently and scientifically criticised and a definit
opinion "for" or "against" come to. Mr. Curgenven
personally supervising it, and have only included among!
my cases those patients who showed the rash well develop-
with only initial symptoms—e.g., sickness, headache, ar
were genuine cases of scarlet fever, for I confess that I am
of epidemics, but which are not, in my opinion, genuine cases
is the rash—i.e., hyperemia or congestion of the skin—causes its outermost layers to
to be thereafter cast off as waste products. No
definite, generally accepted specific germs have as yet
been found in this shed skin, nor have any cultivations
be made therefrom, as far as I know; indeed, such
is dead, and it has therefore seemed to me a little diffi-
to understand how such dead skin could so readily give
given rise to sore-throat. No, of course, definitely state that it does not, but it has
not, of course, definitely proved that it does; whereas
experience, I am told, is tending to prove that scarlet fever is
itself in its earliest moment that sore-throat and vomiting appear.
Small-pox is undoubtedly infectious in its very early stage, as are also
measles, diphtheria, Influenza, whooping-cough, and typhoid fever.
The fever stage in scarlet fever lasts from a week
to two weeks, and is characterized by desquamation of
derma. Presumably, when the fever stage ends the germs
and their products have ceased to act deleteriously, and
and theoretically, therefore, all that is required is to
during the spraying process. Further, sequelae and complica-
tsions of cases took place. In short, as far as possible, I chose
two sets of cases so that they practically agreed as to age,
constitution, conditions of life, stage of disease, and severity
of attack, the only difference, therefore, being one of treat-
ment—a.e., eucalyptus v. orthodox or ordinary. The total
120 patients treated with eucalyptus and 161
were admitted to hospital during 1894. The majority of the cases were of a mild type.
My results may be tabulated as follows:

<table>
<thead>
<tr>
<th>Details of cases.</th>
<th>Eucalyptus.</th>
<th>Ordinary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases of scarlet fever treated</td>
<td>120 cases</td>
<td>161 cases</td>
</tr>
<tr>
<td>Total number of deaths</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Length of stay (in days in hospital)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-fatal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of interval (in days) between admission and commencement of the treatment—and normal temperature—i.e., the cessation of all fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of complications and sequelae</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trivial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of successes of all those treated with eucalyptus and all those treated with the hospital preparations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculated on special cases treated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Particulars as to Complications and Sequelae.

1. Serious—

- Acute pneumonia...
- Measles...
- Scarlet fever...
- Acute rheumatic fever...
- Acute tonsillitis...
- Acute meningitis...
- Acute mastoiditis...
- Acute otitis media...
- Acute ophthalmia...

2. Trivial—

- Acute epistaxis...
- Acute sciatica...
- Acute laryngitis...
- Acute bronchitis...
- Acute erysipelas...
- Acute mastoiditis...
- Acute otitis media...
- Acute ophthalmia...

Calculations on cases treated: | | |
It must be stated that with twenty-three exceptions the eucalyptus cases were kept in hospital until all visible peeling was gone. If we take the 97 cases that were thus kept in hospital till all peeling was finished, we find the average stay in hospital of each patient was 36 6 days, whilst the average stay of eucalyptus patients in hospital until the peeling was finished was = 42 ± days. It makes, therefore, little difference, so that we may treat all the eucalyptus cases together, with the understanding that practically each case was treated internally and the throat sprayed. The mortality among those who somewhat ridiculed the treatment by calling it the "surgical operation" for scarlet fever is only 8 per cent. at Hanover, whereas (1) antiseptic inunction does not exert any specific power over infectious diseases; and (2) it has but little if any power in preventing the spread of infection. Mr. R. M. Bruce of the Western Fever Hospital treated 16 cases with antiseptic inunction; 5 cases were uncomplicated (equal to 31 2 per cent.), 11 cases showed complications (68 8 per cent.), and 1 case died (6 25 per cent.). Mr. Cargenven quoted statistics of a fever hospital of 16 cases in which 30 per cent. had suppurative complications and 1 case died from "lung disease." Dr. Sweeting, late of the Western Hospital, says "the advocacy of the eucalyptus treatment rests on a crude generalisation." Dr. Edward Little of Wimbledon reported favourably. Dr. Thrash of Chelmsford reported (from his own experience and that of others) unfavourably. Mr. Peake of Shepherd's-bush and others supported Mr. Cargenven. Drawing a comparison between hospital and home nursing Dr. Priestley said that in Leicester during the ten years 1883-92 7612 cases of scarlet fever were notified: 4438 were treated in hospital, where the death-rate was 3 6 per cent.; 3174 were treated at home, where the death-rate was 6 65 per cent. Dr. Priestley's conclusion it will be understood that my only desire is to get at the truth of this eucalyptus treatment and to inspire my colleagues to scientifically investigate it, at least in regard to scarlet fever. There is, I think, more in it than an empty promise in the claim that the "hospitals disestablishment of" Mr. Cargenven. In medio tutissimus ibis. 

Leicester.

CASES ILLUSTRATING THE SURGERY OF THE KIDNEY.

By J. Knowlesly Thornton, M.B., C.M. Edin., Consulting Surgeon to the Samaritan Free Hospital for Women and Children, and to the New Hospital for Women, and the Grovesnor Hospital on the Treatment.

(Continued from p. 609.)

Just after correcting the proof of my last paper I was asked to see the patient described under Case 39 in consultation, and found that she had in some respects relapsed into the condition before the removal of the kidney. The urine is quite as bad as it has ever been—viz., bloody, pyoid, and extremely offensive. The patient, however, is in good case. Since the operation her general health has been very good, and the ulcers of the vagina have returned, though less than the "hospitals disestablishment of" Mr. Cargenven. In medio tutissimus ibis.