and site of the rash is very variable, and the face is not generally affected; in my own series there is a definite rash noted on the face only thrice in 279 cases, a figure which is due to the deficiency of the notes, although my own idea is that the face escapes in a large majority of cases. The flushed cheeks are doubtless due to fever, but the forehead can usually be relied upon to show it if it be present. The neck is frequently affected, but I am afraid is also apt to escape mention in case reports.

The rash was noted as being on the body and limbs, oftenest the legs, in 64 per cent. of all the cases, and on the body alone in 8 per cent. When it lies over a fold of the body or a limb, it is apt to be intensified, and on the other hand, its total absence from the lips has given rise to the characteristic "circumoral" pallor, which is often very marked.

Six times the rash was hæmorrhagic and three of these died. A light rash is desirable rather than otherwise as indicating a slight attack of the disease, although very severe attacks are sometimes fatal before the rash shows. It may be said that the popular superstition of the "rash going in," or "striking in" is a fallacy, but it has this degree of reason with it. The rash depends upon the activity of the superficial circulation; when the heart is failing it is at times to be observed that the rash fades, so that the disappearance of the rash may be a prognostic sign of the gravest moment.

As to the diagnosis of the rash, I am not fitted to speak from my own experience, and I will not burden you with the dicta of others. We have had exact simulation of the scarlet fever rash by the ingestion of turpentine twice, and by the so-called toxic erythema, at least once; the erythema following diphtheria antitoxin has closely simulated it many times, and one is, perhaps, too prone to dismiss as antitoxic any rash that appears in a case where serum has been administered. Though I have not knowingly seen them myself, I may remind you that quinine, strychnine, corrosive sublimate and iodoform may be accountable in this way. One case has never been cleared up in my mind: it was either scarlet fever followed immediately by typhoid, or typhoid fever with a toxic eruption, in which the reddening of the throat was merely a pharyngitis. At any rate, the tongue was not definite, and he went through his course with a slight subsequent desquamation.

The sore throat, a kind of interior manifestation of the external erythema, may be in less severe cases a useful guide: the bright reddening of the pillars and of the tonsils is useful, but less so than the punctate reddening of the soft palate or even of the posterior part of the hard palate: and a routine examination of Canadian throats makes one a