contain a watery, transparent fluid, of a feebly alkaline or neutral reaction, the contents of which never became pustular. In English works they are spoken of as cloudy, turbid and purulent from the comencement. Sudamia, according to the latter, are clear, transparent vesicles produced by sweating; Miliaria are turbid and purulent, not necessarily produced by sweating, but occurring often at the height of a febrile affection. These miliary vesicles correspond to Hebra's M. alba, which he reckons as Sudamia. Fox strikes at the root of the matter when he calls Miliaria inflamed Sudamina. There can be no doubt that, given suitable conditions—active hyperæmia of the skin with consequent augmented temperature and increased supply of pabulum—the minute particles of protoplasm, which exist in the fluid of almost all vesicles, would develop into pus corpuscles, just as they can be made to do outside the body in the serum from a blister.

In this case the vesicles appear to have developed independently of any sweating, and to have been pustular from the outset. The first morning they were noticed, I looked carefully for any trace of clear vesicles, but about the trunk none could be detected. On the legs, however, certain clear, sub-cuticular papules did exist, which from some cause or other did not develop, but it may have been—probably was—in this way that the Miliaria originated.

Quite an exceptional feature in this case, and one very rarely observed, was the entire absence of any affection of the throat. I examined her carefully, twice every day in a good light, and not even a trace of congestion was seen from first to last.

An interesting question arises : where are we to look for the source of infection? The small-pox department is separated by a considerable interval from the general wards as well as from the houses about, in both of which places scarlatina is rife. If we are to suppose the Scarlatina poison to withstand dilution to such a degree that it remains active after passing through the wide space which