

that observers recognized them, as two distinct diseases, arising from two distinct miasms.

About the middle of the present century, no less than twelve distinct forms of exanthematous fever, were recognised, and divided into three classes;—first, the greater exanthemata seriously affecting life, viz, small-pox, measles, scarlet fever and erysipelas;—second the lesser, vaccinia, varicella, herpes and miliaria; and third, the simple efflorescence, lichen, urticaria, roseola and erythema. It could not be denied that these bore a certain pathological relation to each other; but it was said that this principle was not more applicable to small-pox and cow-pox, than it was to small-pox and measles, to small-pox and chicken pox, to measles and scarlet fever. “The relationship,” says Dr. George Gregory, “may possibly consist in some modification of the elements which compose the morbid miasm, and may be analagous to that which exists between nitrous oxyde and nitrous acid and nitric acid, but is very different from absolute identity.” That these poisons were very different, was supposed to be proved by the alleged fact of the body being capable of receiving at the same time, the germs of two exanthemata, which went on *pari passu* or the lesser might be suspended by the greater. It was also noted that when one epidemic diminished, another increased, and that each year was distinguished by some *master* epidemic, and hence the recognition of *vicarious mortality*, by which the blessings of vaccination were to a certain extent counterbalanced. Thus when small-pox ceased, measles prevailed; when measles disappeared, scarlet fever held its fatal sway, so much so, that McIntosh, writing in 1831, says, “The plague is scarcely more dreaded in Constantinople than scarlet fever is in Edinburgh.” In 1840 scarlet fever was so general and so fatal, that the mortality exceeded by one fifth the ravages of small-pox. During the epidemic of 1838 we find that under the law of vicarious mortality, the sum total of epidemic mortality, on an average of years, since the introduction of vaccination has remained nearly the same.

In treating of the exanthemata, most of the eminent writers have recognised certain laws as bearing on them, viz:—

- 1st. Law of contagious origin;
- 2nd. Law of universal susceptibility;
- 3rd. Law of epidemic diffusion;
- 4th. Law of presence and course of constitutional proneness;
- 5th. Law of the course of the local or cutaneous affection;
- 6th. Law of non-recurrence.

And in 1851, Dr. George Gregory thus wrote;—“The peculiar *steady* course of exanthematous fever enables us to predict the result, or, as we