

desquamation of the buttocks; the pulse 120, and there was constant restlessness. I was informed by his mother and Dr. Thomas that the eruptions, which had been of a peculiar character, had been chiefly on the buttocks, and had produced great irritation, it presented large red blotches of rose-coloured pimples, with white tops or blisters, containing fluid.

In the case of B. the symptoms had been much milder, the glands had not been so much swollen, nor the throat so sore; the eruption milder, not scarlet but *rosy*, and in crescentic patches; it was this case particularly which had led Dr. Thomas to pronounce the disease measles.

In the case of E. the eruption had been very similar to that of B. and still presented a rosy appearance; the parotids were not so much enlarged, but there was puffiness about the eyes, and the tonsils were swollen, inflamed and ulcerated; tongue very sore, and lips ulcerated, especially at the angles of the mouth; skin hot and dry, great thirst; urine scanty and albuminous; severe diarrhoea; drowsiness during the day and great restlessness at night.

Margaret, the cook, had no eruptions, but enormous glandular enlargement, and extensive ulceration of the tonsils, and when she attempted to swallow any fluid, the greatest portion was discharged through the nostrils.

The mother also had chills and fever, with considerable enlargement and ulceration of the tonsils. In all cases the breath was most offensive.

On consultation with Dr. Thomas, I had the pleasure to concur with him on all points, as to the treatment; but from the absence of bronchitic nasal or conjunctival irritation, and from the presence of angina, and especially from my knowledge that with the exception of E. they had already the disease, I stated that I did not view the cases, either as measles or scarlet fever, but rather as types of rosalia or roseola. Dr. T. then informed me that though at first he had been inclined to consider it as *rubeola sine catarrho*, as it progressed he had begun to doubt, and on learning the facts I have mentioned, had sought to account for it in another way, and as I think, had very properly come to the conclusion that it was a disease "*sui generis*" arising from foul air from the cellar, which he had accordingly directed to be cleansed and ventilated. Dr. T. also informed me that there was not then, nor had there been to his knowledge, any exanthematous disease prevailing in the district, but that the gentleman who had occupied the house the previous summer had been constantly troubled with sore throat—On examining the cellar I found no mode of ventilation, but through a door, the smell was very