as they are usually seen. How different the epidemic which I have now briefly to describe.

About twenty cases of sore throat, collected from the same locality, were brought under my notice. They were all very similar in appearance. They came one after another. They were communicated from one to another. Age seems to make no difference whatever in the liability. Sickness was hardly complained of, only considerable pain and difficulty of swallowing. On the throat alone was there any rash; the palate, fauces, tonsils and the root of the tongue were closely studded with minute, bright-red elevations; the tonsils were swollen.

I diagnosed epidemic herpetic sore throat, and I heard of epidemic tonsillitis in the practice of others. I watched my cases closely. The throat symptoms soon subsided. There was no suppuration. In a few instances, there remained for a long time enlargement of several small glands of the neck. In one case, the skin peeled from the index and middle fingers of both hands. Distinctly traceable to these there soon began to flow in upon me a straggling list of patients, all with sore throats showing the characteristic elevated points; some with yellow patches on the tonsils. Many of these latter complained of rheumatism, both fugitive and stationary, and in not a few swollen joints were exhibited. In several there was a distinct rash, which generally occurred as patches of a rose-red miliary eruption, especially on the forearms or beneath the knees. These patches might appear in the morning and be gone before the end of the day, or they might remain, undergoing little change, for several days; occasionally they faded and came out again; they seldom appeared upon the face.

In cases of this type, desquamation of the cuticle was not uncertain. It did not seem at all to depend upon the eruption. It occurred just as frequently when there was none, and the presence of an eruption was no indication that desquamation would follow. Again, the fingers alone might peel in the case where the rash had appeared only only on the legs. Desquamation from the body was usually in light scales; from the hands, in entire pieces. The disease was roetheln. One of my sore-throat patients brought me to his house, where every stage of roetheln was fully developed. Subsequently I saw enough of the epidemic to enable me with confidence to enumerate the following distinctive appearances which the disease might assume:

1. Slight sore throats, without malaise, eruption, desquamation or sequele.

2. Severe sore throat, with moderate fever, rheumatic pains, sometimes desquamation of the hands and fingers, a liability to chronic glandular enlargement (frequently sub-occipital), but no eruption.

3. Symptoms similar to the last, with patches of rose-colored miliary eruption, generally on the limbs, sometimes extending over the trunk and face, uncertain in duration; sometimes decidedly itchy and often followed by branny desquamation.

4. Considerable fever, some coryza, cough, aggravated sore throat, a general eruption scarcely to be distinguished from that of scarlatina(the tongue in many cases also becoming scarlet), often outlasting both the sore throat and malaise; desquamation, branny on the body, in whole pieces from the hands; health impaired for some time after the attack.

5. Lastly, the attack may be ushered in by severe rigors and vomiting, or even by convulsions and protracted unconsciousness. The temperature may range above 106°. The eruption may assume the appearance of purple blotches on the face and over the body. There may be a foul tongue, with red papillæ projecting; acute sore throat, with regurgitation of liquids through the nose; a distressing cough; great prostration; desquamation, both branny and in pieces; a tendency to dropsy and to chest complications.

According to my experience of this epidemic, roetheln may be followed by delicacy of the throat and chronic enlargement of the tonsils; delicacy of the eyes, chronic enlargement of many small sub-occipital and cervical glands, two or more of which may unite to form a considerable swelling; moist eruptions over the face and ears: protracted suppression of the catamenia. In one case, there was a distinct relapse, with appearance of the eruption after fourteen days. In another, the attack was followed by erythyma nodosum, which, however, may have been an affection independent of the roetheln, or possibly brought on by menstrual derangement, the consequence of roetheln. In two cases, I thought I detected the characteristic eruption on the throat. I then lost sight of my patients. Subsequently I learned that they both had had rheumatic fever, and that the skin had peeled from their hands during the course of the fever.

I will conclude this sketch with a brief notice of four cases of undoubted roetheln in two adjoining rooms. The first in sequence was a little boy who lay perfectly unconscious, passing from one attack of convulsions into another; temperature, 106°; a foul tongue; an eruption of livid, slightly elevated blotches, and a running pulse. Beside him, his sister presented almost the type of scarlet, uniform rash; scarlet tongue; swelling of the neck, and burning skin. In the next room the parents were lying almost as sick as the children, complaining bitterly of their throats; the mother, without a particle of eruption, and without any desquamation following; the father, with patches of the rose-colored rash on his arms, his chest and his legs, and subsequently, the skin peeled in large pieces from his hands.

Now, supposing that these four cases had occurred independently of one another, and unconnected with an epidemic, would they have been recognized as examples of the same disease?—*Brit. Med. Jour.*