

which not only broke out with new vigour and intensity, but was likewise possessed of this peculiarity, viz., the invariable tendency to serious renal disorder, accompanied by inflammatory effusions; for it was especially observed that in almost every case which occurred at this stage of the epidemic, however mild the fever itself, the kidneys became prominently affected, either during the existence of the primary fever or at the first commencement of convalescence from it—exhibiting symptoms of the most decidedly inflammatory nature, and evincing the greatest obstinacy to every means of remedial treatment. A feature so marked and characteristic could not be overlooked when compared with the circumstance that, at the commencement of the epidemic, the disorder of the kidneys was slight, and effusions, partial or general, seldom or ever occurred. No change for the better took place in the epidemic till the beginning of October, when the decrease in the number of scarlatina patients became evident. From that time the disease gradually declined and dwindled away—simultaneously with a gradual variation in the state of the atmospheric constitution. The disease was not wholly confined to the town. It encroached upon some rural families living in the neighborhood—almost all within two miles of the town, excepting in one direction along the windings of the River Ettrick to the extent of twenty miles. In connexion with this part of the subject, it is peculiar to know that during the time scarlet fever prevailed in Selkirk, there appeared but five cases of it in Melrose and Galashiels, the two nearest towns to Selkirk. In the latter, whose population is twice that of Selkirk, only two instances were observed of its occurrence during the whole period of summer.

The disease was not solely confined to children. On referring to the statistical account which was carefully made, I find that the majority of those who suffered from it were under the age of six, while beyond that period the relative number of infected decreased in proportion to their advancement in age up to that of fifteen; and there were only six instances of its occurrence in individuals who had exceeded that age. I may here state, however, as worthy of observation in reference to the limited number of adults who were affected with genuine scarlet fever, that during the first two months of the epidemic and occurring afterwards, severe suppurating sore throats were very prevalent among adults, and although doubt might at first be entertained regarding the true nature of these cases, that is to say, whether they were scarlatinal or not, the whole train of evidence when combined sufficiently proves that they were local complaints, producing secondary or symptomatic disturbance in the system—at least a marked line of distinction could always be made between such cases and those of genuine scarlet fever. Occurring, however, as they did, at one and the same time, it is not improbable nor