

tion which remains visible and unchanged after death it is this, the miliaria. This eruption appeared of an unusually large size in a girl of sixteen, who recovered; on the twelfth day large, white, raised vesicles, the colour of grease, uncommonly like the milky, flattened eruption of variola, which goes by the name of the "white pock," appeared in numbers on the front and sides of the chest and abdomen; there were many the size of a fourpenny-piece; they appeared to be the form of eruption which has given rise to the term *scarlatina pemphigoidea*. Besides the ordinary scarlatina eruption and the miliary and pemphigoid eruption, urticaria was noticed, and in one case a rose-coloured papular eruption appeared subsequent to a crop of pustular sudamina which had followed the normal efflorescence. The miliary eruption in cases which recovered had a desquamation of its own, which preceded that of the general skin. In a case of scarlatina sine eruptione, the student in attendance caught scarlatina of a severe type, and there was reason to believe he was infected by that particular case; and I think this one of many proofs that the *contagium* of scarlatina is by no means peculiar to the exfoliating cuticle. That, however, it is highly communicable by means of the epidermis is well known, and it seems to be transmissible by post in this manner; and, as an illustration, an abstract of a case of "scarlatina communicated by a letter" may be cited from Dr. J. W. Moore's "Report on Scandinavian Medicine." The author (Dr. Petersen) made the observation—in the case of a girl, aged seventeen, who contracted scarlatina without the possibility of tracing the infection directly to any person—that a friend of the patient living several miles away had had the disease a month previously, and that this friend had regularly corresponded with the patient during the period of her desquamation. The author regards it as not impossible that scarlatina may be conveyed in this way—separate, perhaps microscopical, scales being thrust off the hands on to the paper during the writing of a letter, and the infection being thus carried to the address. The popular habit of immediately burning letters received from a house in which there is infectious disease as soon as read is not to be discountenanced. In the case of a girl, aged fourteen, who had been affected with xeroderma and ichthyosis-spuria, and who contracted scarlatina immediately after these conditions of the skin had been removed, the process of desquamation was watched with interest, but it did not present any special modification over the parts which had recently been diseased. It is probable that the regeneration of the skin subsequent to the attack of scarlatina was beneficial; it is stated that ichthyosis-vera has been cured by an attack of small-pox.

The vomiting and purging in the early stage of bad cases seemed, as Dr. Graves has remarked, to depend on cerebral irritation and congestion, rather than upon an effort of the stomach to get rid of any offending materies morbi. A permanently contracted pupil, particularly noticed by Fothergill as a sign of bad omen, was observed in a malignant case in

which hiccup occurred almost incessantly, from twelve to nineteen times in a minute. Head symptoms, such as convulsions, when apparently connected with a diseased condition of the kidneys, as evidenced by scanty and bloody urine, were treated by leeching and cupping over the kidneys, poultices, plain or of digitalis leaves, and compound powder of jalap, the head being sometimes shaved and cold lotion applied. The tendency to the head in scarlatina, affecting one subject to epileptic fits or debilitated in the nervous system, was exemplified in the case of a little girl of eight, who, from an affection of the brain at four years of age, had paralysis and atrophy of one upper extremity. She was one of four children who all had scarlatina very lightly. Immediately after their recovery they were advised sea-bathing; two of them got dropsy; the girl severe convulsions on the paralysed side, followed by coma, from which she was aroused to a state of the greatest mental activity by the application of liquor ammoniæ on a towel to the shaved scalp, but only to die, in twelve hours, of rapid effusion into the bronchial tubes. Her urine was solid with albumen, and dry cups applied over the kidneys produced highly raised blobs of serum.

Of the scarlatina bubo—for it is an anatomical misnomer to call it a parotid swelling, since it originates below the angle of the jaw, and is due to irritation of the lymphatic glands of the tonsil, soft palate, and pharynx—three varieties were observed: those which opened spontaneously—sometimes inwardly, sometimes outwardly, or sometimes in both directions—those which required an incision, in one case two and a half inches deep, and those in which there was no indication of the formation of matter, but merely an œdematous infiltration of the parts; more than one of the latter cases died unrelieved. The buboes appeared to be a local result of the constitutional irritability of the lymphatics, and to depend upon the amount of pharyngeal ulceration, presenting themselves on the right or the left side, sometimes on both, according to the situation of the ulceration in the throat. A boy, aged nine, was brought to hospital to be treated for torticollis, which had resulted immediately after an incision, made elsewhere, into one of these scarlatinal cervical abscesses; the incision appeared to have divided the spinal accessory nerve just before it enters the upper third of the sterno-mastoid muscle, and to have paralysed both it and the trapezius of the same side. Leeching sometimes relieved the delirium in these cervical swellings, a delirium caused by the pressure of the enlarged glands upon the internal jugular vein; poultices, from their weight and pressure, were borne with impatience, and constantly pulled off; the application of wadding was more light and comfortable, but, unless in the cases which subsided spontaneously, nothing gave relief but the exit of the matter. Severe rheumatic pains in the joints were frequently observed; but, although rigors and sudden rises in temperature were observed, in no case was there any permanent disturbance of an articulation; the articular pains required opium in doses measured much more by its effect upon the