with the Scarlatinal attack. You can, therefore, appreciate its diagnostic significance.

The completeness with which the tongue peels, it should be mentioned, bears a constant relation with the degree of inflammation of the faucial mucous membrane. The negative tongues are seen only in cases in which the throat symptoms also are more or less negative. The most characteristic appearance of the scarlatinal throat is a vivid or dusky red-looking inflammation of the mucous membrane of the fauces, palate and the tonsils, the surface of which usually becomes dry and sticky-looking. The amount of inflammatory swelling of the tonsils themselves is more or less an accidental accompaniment of scarlatina. Although some amount of tonsillitis is present in most cases, yet one frequently sees typical attacks of the disease in which there is practically no swelling of the tonsils themselves, only a red injected appearance of the mucous membrane. The really severe cases, however, are usually characterised by much swelling of the tonsils, often proceeding to ulcerative destruction of the faucial arch; together with enormous swelling of the glands behind the angle of the jaw, and a profuse discharge of purulent mucus from the nasal passages. Such cases usually merge into a condition of septicæmia or blood poisoning, and often die towards the end of the second week. In almost all mild cases, there is slight tenderness and enlargement of the glands behind the jaw, giving rise to pain and difficulty in swallowing, but in these severe septic cases, the glands usually go on to suppuration and necessitate early incision. In cases such as these, there is often such extensive destruction of the tonsils and faucial arch, consequent on the ulceration or sloughing of the part, that the act of swallowing may become a mechanical impossibility, in which case the unfortunate victim rapidly goes to the bad.

Now, as regards the rash of scarlet fever, which rarely fails to appear within the first twenty-four hours. Its colour is variously described as red, or scarlet, and is often compared to that of a boiled lobster. Although its tint may vary somewhat in different cases, being on the whole more dusky and blotchy in cases of a severe type, I think it may be best described as of a bright brick red.

It appears first on the neck and chest, then on the trunk, thighs and upper arms, and in the course of 24 hours has spread to the forearms and legs. It consists of two elements; an erythema or flush, and a series of tiny red papules, about the size of a small pin's head. This papulation is almost always best marked on the arms and legs. These two elements are blended during the height of the eruption, but the flush fades first, and the last stage of the rash is simply characterised by the presence of these tiny isolated papules, which may remain visible on the outer side of the legs for at least ten days, and often afford valuable evidence of a recent scarlet fever eruption. Now, there are two points in connection with the scarlatinal rash which deserve special mention, as they are points of distinction from measles. First, the typical scarlatinal eruption is almost never developed on the face, the palms, or the soles, but is represented on these parts, simply by a bright flush; there being no punctation or papulation whatever. And second, on the face the region around the mouth is not even invaded by the flush, but stands out white and distinct in contrast to the brightly flushed cheeks. This so-called "circumosal pallor" is best brought out in a photograph.

Now, when the rash has faded, which is usually about the end of the week, the temperature having come down to the normal, hand in hand with the eruption, the skin will be found uniformly stained of a yellowish green tint, best seen when pressure is made on some point with the finger. This is in no sense a mottling, but a continuous stain affecting all parts previously covered by the eruption.

Now, as you well know, one of the most characteristic symptoms in an attack of scarlet fever is the peeling of the skin, which so constantly follows the eruption. In its degree, the amount of peeling varies with the intensity of the previous eruption.

In its character, it differs greatly on different parts of the body, varying from a fine powdering on the face to the separation of large flakes on the limbs, and in exceptional cases, the desquamation is so complete that the cuticle on the hands and feet separates in the form of a regular glove or slipper. Many of the other infectious fevers are followed by peeling; but in none of them to anything like the same extent as occurs after an attack of scarlatina. This desquamation is usually completed in six to eight weeks; it may take three months' but in infants it is usually slight and transient. The time at which peeling first appears is wrongly stated in the books, as the end of a week or ten days from the appearance of the rash, whereas to a skilled observer signs of commencing desquammation are usually apparent by the second or third day of the eruption, and quite distinct by the middle of the first week, at a time when, as we have already seen, the tongue has finished its peeling. I will venture

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