Westgate College,
Farnham.

21st April, 1933.

Sirs,

I have the honour to present a thesis to the degree of M.B. to the Dean of the Faculty of Medicine, with the...
Please inform me by return post whether it may be necessary to forward a Certificate before April 30th also of having been occupied in general practice for more than 2 years.

The Medical Register will then state I have lived continuously 11 years in Montgomeryshire.

Sincerely yours,

E. Robinson
Westgate Cottage,
Frensham,
Farnham.

"Ω γεγορόν, γεγορόν.

This Certificate that the accompany herein entitled "A record of an Epidemic of Cholera combined with a strong Scutalinal Skinsuit (Rötthe?) and the proof of such in the Cepeda thereof" is entirely the work of my hand.

Edmund Robinson
Apr. 21st 1873.

P.S. 1874.
Resume
of an
Epidemic of Measles, combined with
a Strong Vaccinal Element
(\text{Röthefel}?) and The Proof of such
in The Specimen Thereof!

Said in \text{Heller, Fagan's Practice of Medicine, Page 212 Vol. 1 under Röthefel. the following.}

If one were asked which are supposed
To be the most essential features of
Röthefel, one would reply that it has
a rash very like that of measles, but
Reminiscent Scarlet Fever in having
a very short prodromal stage and in
being attended with a marked sore
throat. Thus it clearly is afraid
To measles rather than to Scarlet
Fever and it is not distinguishable
from measles by any positive character
less comparable with those which SE
point measles and Scarlet Fever
from one another. A favourite
idea with some of the older writers
was that it was a hybride between
these two diseases; They even spoke of
the Symptoms as alternating in dif
friends cases as that sometimes the rash of measles would be associated with the sore throat of Scarlet Fever, whereas sometimes the reverse would be the case. But this was purely fanciful and whatever may be said as to the possibility of the specific causes of the various diseases combining so as to produce in a single patient a modified affection, one can scarcely conceive that such an affection should be epidemic, still less that it could shew some resistance against the recurrence of itself whilst affording no immunity against either of the constituent diseases." The further states Page 216 Vol I

"It thus it seems a striking statement of Bristow's that when measles breaks out in a family or in a school where some children have had measles and others not, it attacks them in indiscriminately and with equal readiness. But before we accept this as final we must be sure that the question has been looked at with unbiased eye.

Like some other problems it will probably be ultimately settled by the experience of general practitioners practising in the less crowded districts of the County."
Without REPRESENTATIVELY traversing the above statements I purpose to show in the following Volume, by simply and faithfully recording the main features of an epidemic from, life in the neighborhood from the time of first pitting last year (Sept, 1892) to June 1893, and the sequelae consequent there from, that there was-

1. A combination or duality of the specific poisons of measles and scarlet fever running concurrently.
2. It afforded protection against itself.
3. It attacked those either adult or juvenile who had previously suffered from cholerac, not with equal mildness but with equal severity.
4. It afforded no immunity against either of the constituent specific poisons.
5. Although the actual duration of its continuance was so markedly abortive, the main distinguishing element was scabitation as proved by the sequelae.

With their object in view, although the epidemic was quite universal, which confines myself to a description of the cases as they occurred, with charts, mainly in the vicinity (Wash.) and
leave the deductions to be drawn therefrom to those of a higher judgment than myself, in such cases.

Precedingly I must state that there was scarcely a cottage in the district for some miles around and where families with children, mostly pleasantly resided, which a visitation of the Epidemic, it attacked the different members of such families either adult or juvenile, in detail, the prodromal stage being very short, mostly 3 days, and that in no single case have I been aware, after successive suffusions, of a second attack having been experienced by the same individual.

About the 20th week in October 1792 I saw a child, boy of 3 years, named Craft, at a place called Shortfield Common, said to be suffering from Measles.

As the case progressed I was much impressed with the violence & continuance of the Asthмаm, the intensity and uniformity of the Rash, the Articular pains and the subsequent and almost immediate degeneration of the termination of the sterile Symptoms.
Upon the 5th or 6th days I therefore determined to give most care fully any repetition of the symptoms in any subsequent case I had not long to wait.

Upon Nov. 13th 1892 I saw two children Millie of 14 yrs. and Smart of 10 yrs. East of Princesport Farm, Renham. Deposed a chart of Millie's case. In preference to that of Smart who was solitarily delirious for 5 days resisted every attempt to open his mouth, that I failed to obtain a faithful record of the state of his system.

The first case in the Rush family was that of Lotte, whom I did not attend, as first taken ill on Nov. 24th. It commenced to feel Nov. 19th according to the paren's description.
Here follows the description of the Chautauqua Co., at 14.50. Hour, 13th, 24th day
of July.

Entire body, face & limbs covered with a scarlet, purple mottled (macula) rash. Looks like a painted red Indian. Skin intensely hot. Hoarse, PAROXYSMAL & CEREBRAL GLANDS SWOLLEN & OUCHED both sides. Tongue white coated with red points both sides & tip. Throat & faucies much congested (both sides) & covered with white coated ulcer. Vomiting, cough.

Broncho pneumonia general with left Acute Pharyngitis. Conjunctive suffusion.

Great dysphagia. Threatening delirium & confusion.


Somewhat less feverish. Vomiting delirious.

Acute Scarache & pain. Tenderness about mastoid region, right side, as well as neighboring glands. Articular pains diminishing somewhat. Great thirst.

 Much dysphagia. Threat of Swelling, congested, coated with white coated ulcer which has tendency to coalesce. Difficulty...
16th. Better - high - symptoms diminishing.

17th. Fairly good health - improving - cough still constant but little expectoration, not tinged frothy - exudation rapid with debris from throat - tonsils - breathing still humid - with dry voice but

18th. Good health - still much cough.


20th. Good health - had critical perpiration & is much improved - still cough but no pain. Rash subsiding.

21st. & 22d. Consumptive and continued desquamation - hands, fingers, face, fingers of knees - toes.

Desquamation. Circular. Trauma - no strips but could be rubbed off freely - tips of fingers thready appeared as if been dipped in gum.

Pains to be unmarked

1. Rash character of.
2. Duration of 3 days.
3. Immediate desquamation of circular trauma character.
I shall now describe, with chart, the course of the syphilis as it ran in an adult, Mrs. de Burgh, and state that her for a youth of 14 yrs was convalescing from an attack during the time I attended his mother. I may as well here interpolate that the schools had been closed (Nov. 6th) in consequence of the outbreak of dysentery - but not at my instance.

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Mrs. de Burgh at 62 yrs, as child, and at age of 30 yrs in 1892.

Nov. 17, 1892.

Face anxious but flushed with flushed, rash & macula - as also eczema. Toothy with rash & macula - Face had some what reddish - Eyes suffused. Pustula & cervical glands both sides. Sore & tender - particularly right side - Tongue very much congested & covered with coiled blue ulcers. Tongue quite coated.
(Rec: pneumonia) no expectoration.
Has sometimes epistaxis both
mouth and nose. Their hot dry to touch. Sore throat.

Evening: Symptoms exacerbated. Cough
some itching. Cough incessantly has
general body discomfort. Cough no
plunging- to be made out. Slightly
delinious. Succeedingly depressed.

Breathing hurried - much pain in
flanks of neck - face considerably
red. Can't swallow - won't attempt
to much dysphagia. Autonomic dys
rem.

18th: Bad night - much dry coughing.
Much moth and intensely slender.

20th: Much cough 

19th: Bad cough - Sternal dullness right.

20th: Better night - has light acute croup.

Note: Kopits much expectorated

Stomach pain - seized.
21st. Better fight. Colder but little balsam

Mouth pain in throat worse. Can't swallow
otherwise symptoms more favourable.

Maculae darker on face. Body generally
scarlet rash not to bleed. Coughs for
Gernet & expectorates frothy. Cereous
material foulish breath in Faucus

22nd. Much pain in throat. Other symptoms
somewhat ameliorated rash fading

23rd. Much same. Coughing & degeased

24th. Cough bush distinctly white & discharges
quantities brown rhumorous matter.

Symptoms all indurated & rash with excep:ion of few maculae quite disappeared.
She did not delerrupt. Subsequently
but had a most troublesome attack
of herper labialis with much weakness
& prostration.

Having thus described the course of the
fever, we can account for my observations
of the time permit, both in the
adults and preteens. I will call
attention to the symptoms which
seven in my opinion do separate this
epidemic poison from any I have hitherto
attended.

1. The Character of Duration of the Rash.
The cases at all presented a most

10.
Outstanding appearance looking for
very as if potted scale, with the
interposition of innumerable purple
mottled maculae—quite distinct, but
in some parts almost touching each other
slightly raised from the surrounding
skin, and giving the face as it were
In most of the cases the scale rash
became less vivid about the 6th day,
leaving the maculae darker & thinner
until the 8th or 10th day, after which
all subsided & desquamation commenced
immediately & lasted from 4 to 6 days.

2ndly The whole back of the skin to the
neck with both comparatively little
congestion from the surface dermesta,
3rd the marked duration of the Fibrill
symptoms which invariably cleared
at the close of the 8th day

The advent of the cold weather about
Xmas time stopped its progress as
if by magic, but the most important
part of my conclusion Concerning its
character will be drawn from the
way of its Vapourance and its
Condensation of the interchange ability
of the poison of Eiderin the Breast in
the Adults to Scale. For (Eiderin) in
the juvenile.
At the weather became milder in the middle
of January 1853 I was anxious to learn
whether the epidemic poison had survived
the cold and if so in what form it might
reappear.
I will now describe what came under my
notice.
On Jan. 28th whilst attending at an iso-
clated cottage on Frensham Common a
school girl named Ethel Sylvesters aged
25 yrs. for a cut knee I was asked to see her
brother - Oswald Sylvesters aged 8 yrs. who
also attended the school & found him
suffering from all the symptoms of mild
Scarlet Fever, without of consequence.
In endeavouring to trace the origin of his
illness & seeing that I ought have carried
the poison from the streets at the school
house, I found that a girl named Ruth
Vidicham at 14 yrs also lived in a cottage
on the Common about 250 yards distance
away had been ill with her two brothers
with the prevailing epidemic about the
middle of Dec. 1852.
They had all convalesced but she alone
desquamated, and that apparently very
fiercely, as it appeared she could tear
off strips of the skin from her hands.
and shake off "scurvy" until about a fortnight before the date of Edward Sylvester's illness (Jan. 28th to Feb. 4th).

I did not attend the girl Milham or her brother during their illness, but made most careful enquiries from the mother and rely upon her testimony.

The important part of this is that, in her, the poison, as far as I have traced it in connection with the cases I attended, in the immediate neighborhood seems to have survived in its mainly scurvy-wide form.

There was a large family of the Sylvesters and all but their boy had suffered from the prevalent epidemics before this.

To continue—the, on the morning of Jan. 25th, was sent out of doors of their isolated cottage to have a Coal Coal in the girl Sylvester Milham to be taken by her to the Visitors' room. He held a conversation with her for a minute or two in the open.

Up to this date he had been perfectly well. This was at the time her infection illness in his home, and had previously seen him. He was seized with rigors, vomiting, headache & fever. About the evening of Jan. 27th, there all 6 days but did not suffer more endurance.
On Jan 26th 1893 I saw one of the schoolmaster's children, at the school house, Alfred Storer, aged 16. His condition was: Anaemic. Face flushed with patches of desquamation on face & breast. Some denuded macula on face. Strawberry tongue. Small white coated ulcers on both tonsils which were congested. Bright red pulse to soft blowing murmur heard first round. All red in urine. Had had repeated attacks of arthritis for past 34 weeks.

On Jan 25th I saw

**SCARLET FEVER contracted from EPIDEMIC FEVER**

Edward E. Turner, aged 14 yrs, said he had had scarlet fever but not scarlet fever as a child.

Conceived error? D.P.

**Face flushed. Tonsils engorged & studded with bulla. Tonsils closed. Tongue white coated with red points lft side. Very irritable, lost thing in packets. Skin hot & dry. Evidence charged with some scarlet fever. Jan 26th: After hot bath previous evening, face, hands, arms, hands, body & legs covered with well marked scarlet rash.**
Jan 27th Rash fading - has bronchome cough with some Bronchitic rales in chest
Jan 28th Rash disappeared - cough continues
Jan 29th Commenced desquamating on chest hands, knees and tips and flexures of some joints - Was of the same circular and branny character as in the Spinal cases.
Feb 6th Cessd desquamating - cough continues but without physical signs in chest.
In consequence of this case being certified by me as Pneumonia, the schools were closed, for the 3rd time since Oct. 14th 1832, on Jan 26th 1833.
They were closed the second time on Dec 24th and opened again in Smaller time in consequence of this very boy Edward Storer having then been certified, but not at any instance, as suffering from an attack of Diphtheria.
His parents state that he was then ill for 6 or 7 days.
I mark has been had a strange coincidence viz. that Mrs. Milchem the mother of the girl that Milchem was employed at the School House once very fatigued, to do a day's washing and continued to do so at this time! She must prepare therefore her
come into contact with these boys, and whether they received infection from her or from other children attending the school, I cannot
ascertain. I have given their condition as I found it, and I would only point out that the poison
must have been very strong in the Mitchell case to have infected another observer in the way it did.

I will now add my own to what I consider the absolute proof of these having been a duality of poisons running concurrently and that the main distin-
guishing element was scarletinal. I must therefore turn to the late's
family - which consisted of the following members.

Maurice Hash at 15: "suffered from the
Epidemic Throat Man 10 to 15th (folio 26)
Mollie Hash at 14: 
Throat headache at 12: 
Lottie Hash at 9: 

On Feb 15, 1875 was called to see Lottie Lott (had measles as a child and at 20 yrs of age, after confinement) who had been ill with a sore throat for 6 days previously. It appears that she had noticed a bad smell emanating from her privy. I visited her again
from the back door) about Feb 5th or 6th in Feb 66. This priv y was their only one and into it the
remains of the three children Millie Smart and
Lottie Nash had been deposited both during this
Epidemic illness lastly and
It was therefore supplied Feb 5th in the cemer and
washed with earth, deposited in a heap about 12 yards
away from the back door of the house. As I did
not see her until the 7th day of her illness, I would not
describe the case of her right as a child.

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Feb 1st

Face flushed - Eyes suffused - tendency to Convex
 Tongue red & swollen - Great Dysphagia
Tonsils, Tonsils & Mula, Tonsils swollen and
Surgical throat looking - both Tonsils affected.
Cervical Pott's Headache - Stiffens back of neck.
Skin hot & dry to touch - Much thirst.
Cervical & Axillary glands swollen and so
Cervical - Axillary painful to touch - Both sides.
Right side the larger. The skin over them having
Feb 14th: Sore throat. Oedema of tonsils. Be in created in intensity. Two small white coats of tonsil as patches.
Feb 15th: Ulcer of left tonsil enlarged. No patches. Diffuse reddness with painful swelling in domain of left foot outside of left ankle and lower outer third of left leg.
Feb 16th: Ulcers of tonsil (left) bluish and disappearing. Diffuse bluish a foot and lower third left leg. (outside) disappeared & succeeded by a columnar swelling without redness. 2 cases.
Feb 17th: Had severe pain last night (17th) the right tonsil swollen up. Evidently commencing to suppurate. Right parotid gland very tender. Tonsil great pain in throat.
Feb 18th: Tonsils both swollen up again. Sorely red at centre but the right one much more so than the left. Both are free from bleeds or patches of any description. Cannot Swallow nor Acute Sore throat.
Paresthesia (right) still tender and swollen - otherwise convalescent. There was no dysphagia subsequently.

In Mr. Hart's case, which was much more serious than Mr. Hart's, the right tonsil also suppurred & burst on the 9th morning but there was never any sign of ulcer on Patel upon her tonsils. Her tongue was white coated with VD points because typically "stomatous." She had considerable swelling of the back of the neck - more swelling of the Parietal & Central glands but confined to the right side - very slight on the left. She had the depressed VD coloration over the region of the VD tonsil gland. There was no dysphagia.

One week after recovery she had a distinctly marked Wilkie's groove across the little finger nail of right hand.

Mr. Hart's nails were not grooved but afterwards became as if one had dented them all over with the point of a fine pencil. The boy Smith has (Page 5) had well marked Wilkie's groove on each thumb nail on 2nd finger of right hand.

The girl Willie Yash had Wilkie's grooves on the 2nd and little fingers of each hand but were shallower and not so distinctly marked as in the others.
To demonstrate the true significance of these two cases of Epidemic fever their connection with the Epidemic Fever as a diet, Augusta Hilltop, about request to De Barch's case (p.834) in which case, during the course of the fever, which the typical rash will out upon her face Lincoln, body and patches of blood on her tongue, the chestitis, which went on to suppuration, chest and discharged upon the 8th morning.

I wish to draw particular attention to this fact as both the heater cases were marked by the same duration of time, lasting on the 8th day.

The fact that their illness was produced by the emanations from the secretions of the children, recurred from the privy, which had been the several times acceptable, of such during the illnesses of the children with the Epidemic Fever, is in this view absolutely confirmatory and conclusive evidence of its origin and nature.

Mrs. Barch's condition although on the 7th day of her illness was so severe that had there been the smallest indication of a patch upon either her tongue, breast, or tongue, I would have without hesitation at this time certified her as suffering from
Diphtheritic tonsillitis, but as will presently be seen, it would have been a mistaken diagnosis had it been so.

I do call particular attention to the suppuration & discharging of the Tonsillicabces on the 7th Morning, because in all the subsequent cases of Phthisie, I have observed the discharge and absence of the same periodicity of discharging was most marked. This too, the 7th day, or rather the terminus of the 8th day, was also the period of female abortion in the Epidemic fever cases.

In no less a case the typical small white coated Ulcers of the Phthisic fever were present in his left foot, healed and disappeared upon the 5th day of his illness, as did also the diffuse Ulcers of his left foot, which like the Arthritis Palmaris in the fever cases, was in my opinion certainly due to an inflammatory Divert of the Osseous Cord. He then appeared to be almost convalescent. The Quinsy had often arisen in my mind since the time, may not this apparent temporary convalescence on the 5th day have been due to the face of the Stellaternal period of fever having passed? A curious thing in these Phthisic Throats which I do recall made me consider.
was that in all save one case (Mr. Nott, Rutherford) the right Tonsil was the one that suppurated. There was no instance of both Tonsils having suppurated although initially both tended to be attacked with equal violence. Altho' no patches were at any time visible on the Tonsils so attacked the periodicity & termination marked them as being due to the same Specific poison, as that of the Glandular Fever.

Shaw has recorded that about this time (the middle of Feb. 1833) there were many cases of Mastic or abortive Sculet Fever occurring well marked as regards duration (about 5 days) but with only Spheminal Effusion & slight delirium but such as they were they afforded, to no evidence that the Bacterial Element of the late Epistemic had survived the feast it was clearly manifesting itself. Why it did not have been to manifest itself at this period amongst Children yet so virulent and epidemic when attacking Adults & spread by all its force in them in such an unusual degree upon their Tonsils, will always remain a perplexity unless I can only account for such by imagining that there
Must have been some certain influence exercised by the measles element first altering its type but accentuating the throat symptoms. No paralysis or any symptom of such followed any case of CIP. The throat aches set in thus far in my description of the Epidemic from the islands of it. There remains lastly to demonstrate that the main disturbing element was Scarlet fever as such was directly communicable from cases of Epidemic scarlet fever in the Adult & Children.

On Feb 24th 1873 I saw Mr. Robt. Rutherford of Wishangers Farm, Churt.

He had an Epidemic scarlet fever and it was the 7th day of his illness.

He had measles when 8 yrs of age.

The history of his attack was, that he had attended Farnham Market Feb 16th & called at the Pearson's Inn, Farnham, on his way homewards.

He there met & held a conversation with Mr. Stanoe, the schoolmaster, whose son Edward was certified with Scarlet Fever, Jan 26th 1873 (Feb 14th).

He was treated with rosin, omitting balsam, headache & sore throat Feb 18th 1873 and gradually became worse until seen on Feb 24th. He then confessed was
Face flushed, particularly the forehead. Temp. 99 4/5, Pulse 86. Panotic glands, more particularly, the left side, swollen and tender with diffuse redness over them. Tongue white-coated with fomes streak on right half. Swollen - Fauces and tonsils entirely congested and swollen - the left more so - his patches or ulcers visible. Swollen bladder. Some frontal headache. Stiffness of face and back of neck. Great dysphasia.

Feb 25th 1833. (6th day) Bad night. Temp 100. Fauces & Tonsils much the same as yesterday, but left one more swollen. Tongue white-coated with well marked, straw color, left side. Great thirst. Dysphasia - acute left earache.

Feb 26th. (7th day) Bad night - much pain in throat & glands of neck. Temp 100. The left Tonsil suppurated & burst. G. A. E. discharged about an ounce of brown ichorous matter. Dysphasia and headache relieved - Tongue still straw color. Swollen. He reports that after his hot bath last evening, a bright scarlet rash came out upon covered his chest, but was faded this morning.

...of epithelium in patches. One patch the size of a thimble in centre of the Tongue.
I will now describe a case of Scarlet Fever contracted from Epidemic Sore Throat. The boy
in the Rusterfords' nephew visited the Hanson Farm. Feb 25th. 1903 was seized with Sore Throat. Next day Feb 26th.

**Aberrant Bowels:**
- Scarlet Fever contracted from Epidemic Sore Throat
- Alfred Hermiston at 1yr 3mo had measles when 6½
- of age

Feb 27th. Red. Face almost pale & flushed.
Parotid gland either side tender & swollen.
Fever & pains. Carbolic & iodine. As peaked
on ulcers visible. Vomited usually &
painted last evening. Frontal headache &
Stiffness back of neck. Chills in limbs &
Back. Tongue white coated. No points of
& sides. Skin feels very hot & dry.
28th Feb: Bad night. Very pale and heavy.
Looking - Complaints Much of frontal headache
Some dysphagia & thirst
Mar 12: Bad Night - Symptoms Much the Same.
Mar 13: Night starvation - furnish symptoms
Throat, tongue tender much same condition
Mar 14: Still more furnish - otherwise same
Mar 15: Bed well -十堰. Had a critical
prostration Early morning - Temp 97 pulse
Normal at birth (11:30 AM) Very pale
Faint. Throat tongue & tongue look better.
The tongue remained strawberry for some days
afterwards. There was never any rash visible.
The termination of all the furnish symptoms on
the 5th day confirms this illness and separates
it from either Scarlet Fever or Epidemic
Scarlet Throat.

Further cases of Scarlet Fever are

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<td>Mar 5th to 11th. Scarlet Fever. Sick in Bailey's house.</td>
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<td>Maurice Nash</td>
<td>25</td>
<td>Mar 10th to 18th. Scarlet Fever. Sick.</td>
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At Multy ails.
There was no case of death from the Epidemic
In conclusion — on Folio 3 I suggested the idea stated in the previous that there was:
1. A duality of poisons in the epidemic fever.
   Of this I take the case of E. E. Storer (Folio 14).
   Mr. E. Newkirk (Folio 17), E. S. Storer (Folio 25), as proofs.
2. It afforded protection against itself.
   Of this I take the sequence of cases in the herd.
   Family, all living together during that time.
   There, as convincing proof — also the remark about such on Folio 4.
3. It attracted adult animals who had previously
   had measles with equal severity.
   I rely on both Prag's case as described before.
   There were many other such.
4. It afforded no immunity against other specific contagious pox.
   The cases cited for no 1 demonstrated this.
5. The main distinguishing element was Bradential.
   The cases of Millie A, Ernest York (Folio 5).
   Mr. Newkirk (Folio 17), E. S. Storer (Folio 14).
   Henris son (Folio 25), Coope (Folio 26), Walter, and
   particularly, Joe Vicary (Folio 26) demonstrated these as a correlative also William Grosvenor (Folio 19)
   In how far deeper the lesion may have modified the symptom. I cannot say. I have endeavored to answer
   the cases, as well as possible, with all permitted, factually.

Edmund Robinson Oct. 3, 1870.