fectly well, breakfasted as usual and then went to school. Came back at noon, in his usual spirits, to dinner. While at table he suddenly vomited, removed to his room and undressed by his mother, who then noticed that his body was covered by an intensely red rash. I was at once sent for and saw the boy within half an hour, and pronounced the case as one of scarlet fever, of a decided virulent type. During the afternoon, delirium, with at times a sudden sharp screech, set in. Between 6 and 7 p.m. the delirium changed in character to one of a low muttering type. At 8 o'clock I had the late Dr. F. W. Campbell in consultation, and he agreed with me that the case was a hopeless one. Towards midnight the boy became comatose, and at 3 a.m. died. Here the whole course was run in less than 15 hours. I may further state that I had no opportunity of satisfactorily examining the fauces, that the pulse could not be counted at any time, and that the temperature, taken shortly after I was called was 104.2 and at 2 a.m. was 109 degrees in the rectum.

W. F. HAMILTON, M.D.—Two or three things have struck me in the reading of this paper; one is that Dr. McCrae's experience in the Alexandra Hospital bears out the teaching concerning nephritis in nearly all the text-books, namely that it is a rare thing and that it rarely has a fatal ending. In connexion with the remarks concerning the digestive disturbance does it not seem likely that this tract is infected secondarily, for the diarrhœa, etc., are expressions of a profound toxæmia? The third point was the sudden hæmorrhage. One such case I saw in a young woman admitted to the Montreal General Hospital during my service there, she died in 24 hours from violent hæmorrhage, some vessel in the throat having been eroded and a fatal termination had resulted just as in the case reported by Dr. McCrae.

A. LAPTHORN SMITH, M.D.—I do not think Dr. McCrae has spoken of the injection of diphtheria antitoxine in scarlet fever: I understand it is used in the Alexandra Hospital and I would like to hear if it has had any good effect. I would also like to know if he has met with many heart troubles in connexion with the endocarditis of scarlet fever? With regard to nephritis I do not remember of any case dying from it; but I know of a few who were troubled for a good many years afterwards, although none of them died. One fatal case of scarlet fever I remember was a lady in whom a black eruption came out over the body. I used to use iron and chlorate of potash and glycerine a good deal, in the old days before there was any serum. I would like to ask if carbolic vaselin has been used much at the Alexandra with a view to disinfecting the skin and preventing the disease from spreading, especially in the desquamating period. I have often prevented any one else in the family from taking the disease by using it on the patient. Dr. McCrae does