

very ill, he recovered; the three others, in which broncho-pneumonia was a true complication, died. Pleurisy was found twice, both times without effusion, and empyema, though at times suspected, has never eventuated.

*Alimentary tract.*—Vomiting is noted as a frequent sign of onset, but it was further noted during the course to an extent sufficient to deserve comment in 35 cases (10 per cent.). In the severely toxic cases, it is a most intractable symptom.

The bowels in general suffer little from this disease; the rule is constipation, but I think this is due to the confinement to bed; it has been my own rule to treat the bowels as one would in a case where no other disease existed; purgatives can be freely administered, if it is thought necessary. As exception to the above statement a bad attack of scarlet fever in the very young is sure to be attended by an enterocolitis, with green stools, frequently with mucus and occasionally with blood; bowel irrigation is suitable for its treatment. 36 cases (11 per cent.) occurred in this series.

*The Nervous System.*—Convulsions have been present in but two cases; delirium in but twelve; doubtless slight degrees of mental wandering at night are not reported, but it certainly is not very marked, even in moderately severe cases.

*Meningitis.*—This happened but once, although one other case gave the symptoms pretty completely. Recovery was so rapid that we were probably dealing with the condition aptly called "toxic meningism," so well seen at times in typhoid fever. The undoubted case lived three weeks, under daily lumbar punctures; on the 15th day there were several convulsions, and I blame myself that I did not urge a decompressive operation, as when the final convulsions occurred on the 21st day the only notable feature remaining was the hydrocephalus.

*Cardio-vascular system.*—The effect of scarlet fever toxin or of the toxins of the secondary infection upon the heart is of considerable importance; endocarditis as a direct result of the secondary infections is reported to be fairly common, but I cannot say that I have been certain of it more than once; myocardial degeneration, as evidenced by dilatation and irregularity of the pulse, is, in my experience, far more frequent. Some degree of a noticeable murmur has been noted in 32 cases at entry; these I shall not deal with, and I have no doubt they were not, as a general thing, indicative of organic change. But 12 cases gave undoubted evidence of a dilatation during the course of the disease, and in 11 other cases irregularity of the pulse was noted, but without any apparent enlargement; 6 other cases gave very definitely