

that recurs but faintly at intervals, can be infective three months after the disease, but I am afraid that in our present knowledge, the safest procedure is to admit it, and be governed accordingly.

In view of return cases, we have gone very thoroughly into final disinfection of the patients from the time at which the hospital was opened; the fact remains—and I have heard the statement from practitioners also—that if a child be discharged at the completion of desquamation, and live intimately with other children without the lapse of an interval of a couple of weeks, some of those children are sure to contract scarlet fever. We embody this belief in a printed form which goes with every case discharged. To guarantee the disinfection is an absolute impossibility.

Of the onset of the disease the common symptoms are sore throat, headache and vomiting; of 210 cases in which history of the onset is obtainable I find sore throat in 170 (81 per cent.), headache in 113 (54 per cent.), nausea and vomiting, nearly always the latter in 112 (54 per cent.), and all three together in 53, or 25 per cent. Indefinite symptoms, such as malaise, are not often volunteered by children; malaise was noted in 9 per cent. of cases, chills in $3\frac{1}{2}$ per cent., convulsions only twice, *i.e.*, less than 1 per cent; coryza, pains in the back, ears, eyes, abdomen, and in the glands of the neck were all occasionally noted.

I have said nothing of the infection of the conjunctiva, a symptom which is often observed, but which is quite untrustworthy as a sign of the disease; it has been observed in about 10 per cent. of the cases (28, to be exact), and occasionally there has actually been a purulent conjunctivitis, but this must be a complicating disease rather than a state dependent on the scarlet fever. Photophobia is a rare complaint.

The symptoms which one is in the habit of impressing upon students are the rash, the sore throat, the appearance of the tongue, and the glandular enlargement. The most important of these are the rash and the tongue; although the throat is a feature that is practically ever present, yet there are so many circumstances that interfere with the throat presenting a characteristic appearance that its real diagnostic assistance takes a place third to the two others. Of 218 cases in which I have notes of the date of appearance of the rash it was most often seen on the second day of the disease, the first symptom marking the first day of the malady. In 45 per cent. it was the second day, in 24 per cent. the first, in 22 per cent. the third, in 5 per cent. the fourth, and rarely on the fifth and even the sixth day. In more than 92 per cent. of the cases, the rash appeared in the first 72 hours. The extent