

rapidly, as we had only three in the first year, and the liability declined rapidly after the ninth year; nearly 10 per cent. of all our cases were in children who were three years of age; the youngest was three months, and the oldest forty-two years; 58 per cent. of the cases were between the third and tenth years. In 325 cases we had 23 deaths, that is 7 per cent. This is a fair, even a good hospital death rate, but on its behalf I make no claims. The hospital series of Philadelphia and Boston give 9.72 and 9.23 respectively. Statistics of cities and countries at large are generally considerably higher, and of private practice among the better classes much lower.

#### THE MODE OF INFECTION.

It is a matter of popular knowledge that the first attack generally confers immunity: in this series there are but two cases of a reputed second attack, one child having previously been treated for scarlet fever in an infectious hospital. In one case, if the symptoms may be trusted, a relapse occurred on the thirty-first day; the primary symptoms were complete and the disease was definitely determinable; with the relapse the rash reappeared typically, on the face, neck and body, deeper over the folds, there was vomiting, headache, a fever of 103, and desquamation after both attacks. A recurrence of the rash happened in four patients, in one of them twice. The onset after a few days of well marked symptoms in patients who had been admitted with ill-defined symptoms, occurred four times, and these cases I think must have been cases wrongly diagnosed, who contracted the disease after admission to the wards. I admit no blame to the staff, nor to myself, because in a doubtful case it is a grave responsibility to take if one says that a case is not scarlet fever and sends it home; like the archer whose grandsire drew a good bow at Hastings, a man can do but his best. Where our responsibility does come home, however, is in the matter of so-called "return cases"—that is, where children contract the disease from patients discharged from the hospital; there are ten cases (3 per cent.) in which we lie open to this charge—an unusually high percentage. One to two per cent. is the figure in many hospitals. It must be admitted in fairness, however, that oftentimes clothes are packed away after a perfunctory disinfection, to be opened when the child returns from the hospital, and it is notorious that in clothes folded away the infection can linger for a long time. Leaving this possible excuse aside, cases yet remain. The discharges from the ear or from the nose or mouth probably are liable to cause infections, because the cases are always kept till desquamation is quite complete. It is hard to understand that a discharge from the ear (with staphylococcus, for example),