

It is timely here to refer to the question of hospital "cross infections"; the above cases include all in my series in which the staff could carry the disease from one ward to another, as we admit in the Alexandra Hospital only the four diseases, and the erysipelas ward is small and often closed. While these cases are few in number, I am well aware that the greatest danger is not of other diseases being carried to the scarlet fever wards, but of scarlet fever being carried to the other wards. Of the occurrence of this I have no figures, but it has not at any time become a serious defect. The only persons who are exposed to the possibility of carrying infection from ward to ward are the medical superintendent, and the day and night superintendents of the nurses; they wear caps and long gowns which cover them completely, and wash the hands and face on leaving the ward, putting on a fresh gown and cap every time they enter the ward. For a time we adopted the wearing of an overshoe in the scarlet fever ward, but this is not at present observed.

*Chicken-pox.*—We had a small epidemic of seven cases of chicken-pox, which necessitated a rapid removal from and sterilization of the ward concerned.

Other complicating diseases were tuberculosis (2), typhoid fever (1), and cerebral tumour (1). Again, 6 cases were suffering from burns of the skin, 5 had had recent operations, and 3 had been vaccinated, a total of 14 which came under the heading, not of surgical scarlet fever, but of "scarlet fever in the wounded," as it is termed.

*Complications.*—The most important of these is nephritis, the most common otitis media and adenitis; tracheitis, alone or combined with bronchitis is common, but frequently of so slight importance as to be negligible.

*Otitis media.*—Including cases of all degrees of severity we have had 83, a percentage of 25½. Of these, however, no discharge occurred in 26, leaving an actual occurrence of 57 suppurative cases (17½ per cent.). These cases appear to group themselves, so that at times it would seem as if a ward were "all ears." It is generally communicated directly from the mouth cavity by the Eustachian tubes, though occasionally it may be a blood infection. Is there any way by which the prevalence of this infection can be lessened? We have most strenuously sought to keep the naso-pharynx clean by many different means, including sprays, gargles and irrigations. "Irrigation of the nose," says McCollom, referring to young children, "on account of the danger of causing middle ear disease, cannot be too strongly deprecated." If an irrigation can be used at all, the mouth and nose are not closed, and in