During desquamation we are not in the habit of using any inunction on the skin; probably its only efficacy is that it prevents a widespread diffusion of the particles of skin, which in a scarlet fever ward is of little consequence, in comparison with the saving of time and work and the increase of cleanliness.

A procedure that we followed at first, but have given up, is the administration of a prophylactic dose of anti-diphtheritic scrum; this is the routine practice of the Boston City Hospital in the Infectious Department; we found the cost heavy in return for an advantage that was but doubtful. Of the 121 cases in which it was used, a scrum rash was observed in 11, on an average on the tenth day.

It was an observation of much interest to me that this spring, by reason of the large number of patients in the department, we "overworked" one of our two main wards. It had not been disinfected nor completely cleaned for several months; infection after infection of a secondary kind, sprang up, many of them very severe, and it finally was forced upon us that the ward was in all probability to blame, for it had, of necessity, good opportunities to acquire a thorough stock of pathogenic germs. With the moving, the run of infection certainly ceased.

Have I succeeded in making clear to you some of my convictions, let me call them, with regard to scarlet fever? The important things are these:—Make the diagnosis at the earliest possible moment. Look at the skin, all of it, with the patient completely stripped, if a child; look at the threat, especially the palate, and the tongue, especially the papilla. If you have made the diagnosis, do not later, for a moment, even mentally go back upon it. Lay down the law as to treatment. If I seem to speak true things, lay down twenty-one days milk diet and twenty-one days bed. When you are tempted to weaken or recede from this position, just think how, when the patient dies of nephritis, they will say, "Dr. Blank was not very strict when he had the scarlet fever."

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BY

JOHN C. MUNRO, M.D., Surgeon-in-Chief, Carney Hospital, Boston.

In accepting the courteous invitation to address your Association today, I realize deeply the compliment that you bestow not only upon myself, but upon the great number of American surgeons that are your

Address in Surgery before the Canadian Medical Association, Ottawa, June 9, 1908.