

of an old man who during the day was well; in the evening he was taken with *malaise* and vomited his dinner, the night has been bad.

You find that the tongue is dry, the eye brilliant, the cheeks red, and if you take the temperature you find at the maximum 39° (102.2° F.) In the presence of such symptoms can you recognize an onset of pneumonia? Your patient has not been cold, he has had neither chill nor pain in the side, and yet, if you auscultate, you will find, in place of the crepitant râles, dry and fine of the adult, large crepitant râles of return—humid râles. There is a pneumonia, and a grave one, and one to which the patient most often will succumb at the end of a few days.

We are very far from finding that *ensemble* of symptoms so clear and so characteristic, that I described to you in the adult. Remember the old man was not chilled, or at least had but a slight chill; in him the re-action is almost *nil*; pain does not exist; expectoration does not take place, for the aged expectorate with difficulty, and not expectorating, death takes place by suffocation.

Retain this then: every time that you find an old man, taken suddenly with *malaise*, having the cheeks red, the eye brilliant, and the temperature high, practice auscultation, and you will find the signs of a pneumonia, which though not provoking any suffering, is none the less of the highest gravity.

It remains for me to speak to you of certain varieties of pneumonia which are difficult to describe, for they submit to the influence of the medical constitution of the period, and that of each particular individual. We have seen how we may arrive at recognizing the varieties of pneumonia according to their situation and the age of the subject; but what I cannot trace for you here, is the form that these pneumonias will take according to the condition of the patient. You all know, to cite only one example, that in alcoholics, this disease takes the ataxic character, that we see subdelirium seize upon these individuals and that death is most often their termination.

Each individual will react according to his own constitution, and the disease will take

such, or such a character in relation with that constitution itself.

But, besides the patient, there is what is called the medical constitution of the period. You all know that there exist certain periods during which diseases affect a strange form. The symptoms are not those that we ordinarily meet with, there are certain years in which all diseases, smallpox, typhoid fever, or pneumonia, have a tendency to take the bilious, adynamic, or ataxic form, without our knowing why. You have a patient suffering from acute lobar pneumonia, all goes well for a certain time; then without anything to justify the change, your pneumonia becomes bilious, and the patient succumbs where he should have recovered. Why? We do not know, we can only state the fact. To get an account of the influence of the medical constitution upon the prevalent diseases, I advise you to read the remarkable work of Stoll on the medical constitution of 1775 and 1776, and the study of Chauffard on the medical constitution of 1862, in the *Bulletin de la Société Médicale des Hôpitaux*, 1863.—*Gaz. des Hôpitaux*.

TREATMENT OF FREQUENTLY-RECURRING ERYSIPELAS OF THE FACE.—This affection is very annoying to the patient, for, in spite of every precaution, it will recur again and again. If any cause can be discovered, such as bad drainage, it should at once be remedied; but, whatever other hygienic or medical treatment be employed, some local application is generally necessary. All these applications are either disfiguring or disagreeable, or totally inefficient. For many years, my father and I have used, with entire success, a strong solution of tannin (four to eight grains to the drachm of spirits of wine and water.) This application, which is not disagreeable to the patient, should be painted over the parts affected with a soft brush every two or three hours, and allowed to dry, the patient being careful to keep the face from the fire. If there be a tendency to frequently recurring erysipelas, it is well to keep the tannin at hand, as it will always arrest a threatened attack.—JAMES BRAITHWAITE, M.D., in *British Medical Journal*.