

a large proportion of such cases are undoubtedly appendiceal in their origin. When the profession becomes thoroughly awake to the fact that there are no functional diseases, that every disease has a definite cause, and that the cause ought to be discovered and removed, we shall have few causes of pus formation around the appendix, and a vast number of miserable dyseptics will be restored to health.

A CASE OF ERYSIPELAS MIGRANS UNIVERSALIS IN AN INFANT TEN WEEKS OF AGE.— WITH RECOVERY.*

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Baby H., female, aged ten weeks, whose mother is delicate, having had two attacks of appendicitis within the year, the last one since the birth of my little patient; both attacks having subsided without operation. Patient was, full term, small, but well developed, birth natural, mother's convalescence normal; cord became detached naturally on sixth day. Infant has been suckled from birth, which was not stopped during mother's attack of appendicitis; seemed to grow and thrive up to time of present illness, when she developed a muco-purulent discharge from the right ear, which the mother said was preceded by a sore mouth. There were no symptoms nor signs pointing to the ear trouble prior to the appearance of the discharge, which was quite free for two days, when it suddenly stopped, and the same day the mother noticed a small red spot on the cheek immediately in front of the ear that had been affected; this spot rapidly became larger, spreading across the face, down into neck, shoulders and back, then the abdomen and genitals; the limbs to the extremity of the fingers and toes were the last to be attacked, even the palms of the hands and soles of the feet not escaping.

The disease seemed to spread by contiguous growth from a local infection in the neighborhood of the right ear. No wound of any kind was noticed in this location. The period occupied by the universal distribution of the disease was sixteen days. The color varied; a bright scarlet corresponded to the freshly invaded

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