

micrococcus, having once gained access to the cutaneous tissues, never afterwards leaves them, and may remain there completely latent for indefinite periods, ready at any time, on provocation, to manifest its activity. Also, it is probable that the micrococcus often exhibits its powers not alone, but in association with other microbes, or in a sort of partnership with the proclivities of the patients' cells. There is no one malady which, in reference to the total of its clinical symptoms, can claim the name erysipelas exclusively. We know well what we mean by the word when applied to typical forms, of which there are two or three at least; but there are a number of others which, whilst standing in close relationship, are not typical. In recognition of this, he prefers to speak of "erysipelatous inflammations" rather than "erysipelas." From the clinical standpoint, an inflammatory process is "erysipelatous," whenever the lymphatic spaces are involved in a rapidly spreading inflammation, which produces cedema, advances by a congested border, and quickly subsides in the part first attacked. Cedema, vesications and a spreading edge are the features which characterise it. His suggestion does not conflict with the generally accepted doctrine of a specific microbe. But he does not regard the physical demonstration of this as materially helping the problems of the clinician, who has still to ascertain the conditions which limit and modify the activity of these germs, and the special character of the very varying symptoms.

The characteristics of erysipelatous inflammation are by no means always present together. In rare cases the florid congestion may be wholly absent. He has seen cedema without any trace of congestion spread from an operation wound, and run almost over the whole cutaneous surface, followed by speedy subsidence and subsequent desquamation. In every feature these cases simulated typical erysipelas, except in the dilatation of blood vessels. He has long recognised these forms under the name "white erysipelas." There is also another form, in which blood staining rather than congestion takes place, and the erysipelatous area is brown. It is not at all infrequent to witness erysipelatous dermatitis without vesications. The abruptly-defined border, a most valuable character in diagnosis, must not be overrated. It may be but slightly marked, or it may be present at one part of the edge and absent at others. Cedema is absolutely essential, but it may vary much in amount and character. One attack of erysipelas does not prevent others, on the contrary, it predisposes.

Constitutional Effects of Superficial Burns.—Bardeen C. Russell, M.D. (*Johns Hopkins Hospital Reports*, vol. vii., No. 3, p. 137, 1898).—In the cases of five children so severely burned that they survived only a few hours, the pathological changes were swelling of the liver and kidney, softened and enlarged spleen, and above all, swollen lymphatic glands and gastro-intestinal lymph follicles; the hyperæmia of the thoracic and abdominal organs was moderate. In the blood the most striking change was a considerable fragmentation of the red corpuscles; many cells containing fragments of red corpuscles were seen in the spleen,