Erythema never leaves cicatrices.

This is a most important fact to know in order to make a diagnosis.

This diagnosis is not always easy. I pause to recall to you that once I mistook for this erythema the erythema of *variola*. In an analogous case, the elevated temperature, which should already be reached in the congestive period of variola, ought to make the diagnosis clear, for in athrepsic erythema the temperature on the contrary is hyponormal.

Sudoral erythema has not the same situation. It is especially spread over the face, neck, and trunk. It presents a less intense redness.

The vaccinal roseola is very ephemeral; it is constituted by large papules, slightly raised. There are no vesicles in it, or they are disseminated and very large. It is seldom observed but on the superior extremities, not often on the trunk.

We have studied the diagnosis of the *syphilides*, with which we will avoid confounding erythema. The colouration of the syphilides, which is always dominated by a violet tone, is very remarkable and characteristic.

Erysipelas presents large, red surfaces, swollen and œdematous.

As to the cause of this erythema we ought no longer to look upon it, with Valleix, as a manifestation always due to thrush. There may be erythema without thrush. There is no necessary connection between these two affections. They are frequently concomitant, because they are both a manifestation of a more general disease.

Before terminating, let us fix our attention on the *anatomical lesion* of the skin attacked with erythema. There is always in erythema, essentially and primitively, an alteration of the epidermis, and of the mucous layer of Malpighi. On the contrary, the syphilides always comprise alteration of the derma. There is only very rarely in erythema a slight muscular proliferation in the derma. This appears only after a very long irritation, and is then followed by a cicatrix. There is a cicatrix only when the derma has been altered; everything which attacks the epidermis alone does not produce them. This is why erythema leaves no cicatrix.—*Gaz. des Hôp.*

ACUTE RHEUMATISM—THE SALICYLATE AND ALKALINE TREATMENT OF, CONTRASTED—ABSTRACT.

BY DAVID W. FINLAY, M.D., AND R. H. LUCAS, M.R.C.S., MIDDLESEX HOSPITAL.

* * * * *

In estimating the effect of any drug at the bedside, it is necessary, firstly, to review a fairly large number of cases, and, in the second place, to take care that those cases are placed under similar conditions. The results we have to show are those of an analysis of 158 typical cases of acute rheumatism treated in the Middlesex Hospital—60 by salicylate of soda, 60 by the old alkaline method, and 38 by a combination of alkalics with quinine. All of these cases, with the exception of the drug administered, were treated in a precisely similar manner, and influenced by the same surroundings.

* * * * *

For purposes of easy comparison we append a summary of the results arrived at in a tabular form. It should be noted that the usual dose of salicylate of soda was fifteen grains every three hours; of the alkalies, fifteen grains of the bicarbonate of potash, with a like quantity of the acetate, every 4 or 6 hours; and, of quinine, where this was regularly given, two to five grains in pill, thrice daily.

No. of cases.	Treatment.	Average duration of Pyrexia.	Average duration of joint affection.	Signs of Endo. or Pericarditis on admission.	Ditto developed under treatment.	None at any time.	Relapses.	Return of pain without Pyrexia.	Average stay in Hospital.
60	Salicylate.	5·7 days.	5·06 days.	41 cases, or 68·3 per cent	7 cases, or 11·6 per cent.	12 cases, or 20 per cent.	16 cases, or 26·6 per cent.	6 cases, or 10 per cent.	29·7 days.
60	Alkaline.	10·3 days.	12·2 days.	41 cases, or 68·3 per cent	4 cases, or 6·6 per cent.	15 cases, or 25 per cent.	5 cases, or 8·3 per cent.	4 cases, or 6·6 per cent.	27·7 days.
38	Alk. with quinine.	11·6 days	10·07 days.	20 cases or 52·6 per cent	5 cases, or 13·1 per cent.	13 cases, or 34 per cent.	3 cases, or 7·8 per cent.	7 cases, or 18 per cent.	31·1 days.

—*London Lancet.*