

stenosis the least dangerous of the valvular affections, and, on *a priori* consideration, such would seem to be probable, but this conclusion will scarcely seem quite secure, if the cases of systolic aortic murmur, without actual narrowing of the orifice, are eliminated; the relative danger of real stenosis cannot, without further experience and inquiry, be estimated with confidence; but it is certainly greater than has been supposed.

As a rule, aortic stenosis proves fatal by the slow operation of dropsy, and for the most part mitral regurgitation is present either as a secondary consequence of dilatation, or, as an independent affection produced by the endocarditis which damaged the aortic valves. So long as the obstruction at the aortic orifice is uncomplicated by mitral change, the danger attending the disease will not be imminent. The secondary changes will take the well known backward course. Beginning with the hypertrophy, there will follow dilatation of the left ventricle, favoured by anæmia or any other form of debility; then will come systemic stagnation, from diminished propulsive power in the ventricle; and sooner or later there will be regurgitation through the mitral valve, resulting either from the dilatation, or from actual lesion of the valve or its tendinous cords, produced by the increased pressure consequent upon the powerful contraction of the ventricle, or from the combined operation of these two influences. This marks a downward step, and makes the prognosis grave. It further appears to me that, dropsy having once set in, there is a smaller probability of recovery than in most other valvular affections, it being always understood that when this complication has been prematurely induced by exposure or exertion there is some hope that it may be successfully combatted and warded off for a time.—W. H. Broadbent, M.D., F.R.C.P., in *Brit. Med. Jnl.*

FACIAL ERYSIPELAS.—Looking at the patient before you, the swollen condition of the ear and neck, and the inflamed integuments of the face, the diagnosis is made at once. You will say that we have to deal with a case of facial erysipelas—a specific inflammation of the integument of this portion of the body. This is often preceded by glandular swelling of the neck. Let me

here give you a practical point in regard to the recognition of this disease before the appearance of the erysipelatous inflammation. Very often before there is any other evidence of the trouble, without, it may be, some constitutional disturbance, there will occur swelling of the glands of the neck. Upon such an appearance, you may base a diagnosis of erysipelas, in advance of the appearance of the malady, provided there is evidence that the tendency to the disease is present in the atmosphere.

Every case of erysipelas has importance, although a single case like this is *per se* of little moment. This is a self-limited disease. It will go through its several stages, and disappear without interference. Notwithstanding the fact that it is a self-limited disease, no case should be underrated. It is of importance, because there is in this affection danger of cerebral embolism. This is followed by violent delirium, terminating in coma and insensibility. This accident is by no means common, but it may occur in any case, especially if the individual has been rather given to his cups.

Why may this cerebral embolism be expected to occur in any case of facial erysipelas? A moment's consideration of the anatomical relations of the parts will furnish the explanation. The facial veins which return the blood from the skin communicate with the pterygoid plexus and cavernous sinus. In other words, the blood, instead of being returned from the superficial parts by superficial vessels, passes within the skull and communicates with important veins within the cerebral cavity. Hence it is that there may occur in facial erysipelas, the serious complication of cerebral embolism. No case should be neglected, although almost every one goes through its course without any complication.

The treatment should always be conducted with reference to such a possible complication, and with reference to the systematic condition of the patient. In an ordinary case, it will suffice to place the patient at rest, order a suitable diet and keep the bowels open; but if the case is more serious, there are three remedies which may be used with advantage. The first is belladonna. This drug produces a condition of the skin and vessels directly in antagonism to that which exists in erysipelas. You will often be surprised to see how speedily the erysipelas disappears after the development