

The first is, that the fall of temperature, which we regarded as a period of apyrexia (October 19th to 21st), was due to the salipyrine which was administered on October 17th and 18th. In reply to this, the dose given (one gramme on 17th and one-half gramme on 18th) was too small to cause the fall of temperature, and further, the low temperature continued after the suspension of the medicine. Moreover, the remedy was used to combat a prodrome of the new attack, namely, the headache. The second objection is that, instead of being a relapse or recurrence, it might be an attack of erysipelas. It is quite true that variola sometimes resembles erysipelas (confluent variola of the face), and erysipelas sometimes resembles variola (swelling of the face and especially of the eyelids), but it is not difficult for any one who has had experience to distinguish them by the clinical manifestations alone. In variola there are never wanting in the uniformity of the redness and swelling, raised red points which are never to be seen in erysipelas. If pustules appear in the latter, they appear later than in variola, in which they are contemporaneous, or nearly so, with the initial exanthem. In erysipelas the swelling is accompanied by intense pain, which is absent in variola, or if present, it is never in inverse ratio to the swelling. The rash or erythema of variola never presents that sharply defined margin which, even if limited, is so characteristic of erysipelas, being present if there be only a small spot of erysipelas. The shedding of the skin in large flakes is more often seen in variola. In our case the swelling of the face and hands took place two or three days after the initial rash, and after papules and vesicles had been formed for more than thirty-six hours on the affected parts, this being the usual course in variola when the confluent vesicles begin to suppurate; whereas in erysipelas the swelling takes place almost at the same time as the erythema. The temperature in our case was not that of a case of erysipelas.

Finally, to confirm still further what we have said, we wish to add that in the Cotugno Hospital, both for some months before and during the entire illness of our patient, there was not a single case of erysipelas, while, for special reasons, it was not possible at that time to search for the streptococcus of Fehleisen with the corresponding tests of culture and inoculation.—*Translated from Giornale Internazionale delle Scienze Mediche, by HARLEY SMITH.*