

during the dermatitis and disappears as it subsides. This observation explains itself better I think, and is more consistent with the theory, if we say that the dermatitis subsides when the term of life of the micrococcus ends.

This theory to my mind fills the gap in the pathology of erysipelas and fully accounts for the symptoms and clinical history of the affection. The varieties met with will depend first upon the virulence of the poison when it attacks the system—*i.e.*, with its state of dilution as it were—and the degrees of severity in different cases will depend in a great measure upon the fertility of the soil upon which the poison is sown. This accords with what we actually observe. Subjects in fair health and with their secretions all in a normal state, do not seem to take on the morbid action even when exposed to the contagion, and if they do it will occur as a rule, mildly. As we descend the grade of health we observe the disease attacks in a more severe form, and especially is this observed in those living in bad hygienic surroundings. This disease, then, usually confines itself to the skin, but it is agreed that the mucous membranes will sometimes take on the morbid action as well, and, indeed, it very frequently begins near one of the orifices of the body where skin and mucous membrane seem to merge the one into the other. Trousseau says it is this fact that sometimes leads one to believe that it arises spontaneously and without a break of surface because the swelling and inflammatory action that at once ensue on its introduction mark the probably small and insignificant wound in the soft mucous membrane.

As to its affecting internal organs it never does so primarily, but if lungs, stomach, intestines or other viscera become affected it is due to the spreading of the poison by actual continuity of surface. I have contented myself, then, with these few observations on the pathology of the disease in the hope that others here may offer remarks upon other branches of the subject. To go into the symptomatology, clinical history, terminations and varieties of the disease would occupy too much of our time for one evening. With regard to the treatment of this affection I think our knowledge is yet very imperfect. If the