sanitary arrangements should be more directly under control

of the medical department.

These are a few of the changes which will enable the medical department to more thoroughly and efficiently carry out its work of mercy and relief. The Royal Army Medical Corps contains some of the ablest and most capable men I have ever met. It is a credit to the army and an honor to the nation.

ERYTHEMA BULLOSUM.

BY DR. GRAHAM CHAMBERS, TORONTO.

Erythema bullosum may be defined as that form of erythema multiforme which exhibits in the highest degree the pathological change which is present in the latter disease. Thus I look upon the hyperemic spot, papule, tubercle, edematous nodule, vesicle, and bulla as lesions representing different degrees of the same pathological process. All the forms of lesions are inflammatory in origin, but there is always present, in addition, more or less angio-neurotic edema.

From a pathological standpoint, therefore, erythema multiforme may be said to form a connecting link between angioneuroses such as urticaria, and non-neurotic dermatitis such as impetige. Pemphigus and dermatitis herpetiformis may be placed in the same category. No wonder then we find cases of erythema bullosum, such as discussed below, which approach in their clinical manifestations the diseases acute pemphigus

and acute dermatitis herpetiformis.

As stated before, erythema bullosum is a variety of crythema multiforme. In adults the multiformity of the lesions is usually well marked, whereas in children it is not unusual to find vesicles and blebs the sole lesions present. These are the cases which closely resemble pemphigus. The bullæ may develop upon hyperemic spots, papules, etc., or arise from the apparently normal skin. The lesions may be discrete or arranged in groups, and show by their method of extension an herpetic quality. Thus, round a vesicle or bleb a ring of vesicles or blebs may form. This ring again may be surrounded by a second, and so on until we have three or four rings of vesicles or bulke. When the lesions are arranged in this circinate manner, the disease is usually classed with that variety of erythema multiforme known as herpes iris. The contents of the lesions are at first clear but many of them soon become purulent. Hemorrhages may take place into the bulla. The blisters do not readily rupture, but dry up to form flat scales.