

given in such cases, had been presented for the patient, made me satisfied that nothing more could be done for her by pursuing the old established plan of treatment. I therefore determined that as an experiment based upon the theory of the bacillary origin of erysipelas, I would try the effect of the bichloride of mercury on the germ, which I took for granted was causing the disease, and was living and being multiplied in the blood of the patient. On that supposition the case presented itself to me for treatment as if it were one of primary syphilis. As the patient belonged to the country she was persuaded to remain in town so that I might watch more closely the effect of the treatment. I gave her the bichloride of mercury, which was pushed gradually to salivation and slight soreness of the teeth. When the usual time at which she should expect a recurrence of a visit from her old enemy had come and gone without any such visitation, I discontinued the mercury and allowed the woman to go to her home. It is now more than seven years since that time, and the patient has not since had the slightest sign of a return of the disease. Having casually seen the patient a short time ago in conjunction with another physician, a fresh recital of the history of this case was obtained as a supplement to the notes I had previously taken, and to establish the patient's subsequent and present complete freedom from her old malady.

Another case, with a somewhat similar history, is as follows:—A. L., aged 50, of good health, came to the "Charlottetown Hospital" to have a wart removed from the side of his nose. The little wound after the removal of the wart was washed with antiseptic, dusted over with iodoform, and dressed with a few thin layers of flesh colored absorbent cotton soaked in elastic colloidion and applied with a brush—a dressing I had often used successfully on small wounds on the face where a

cosmetic effect was desired. This dressing being impermeable and adherent, no escape of discharge was possible. Thinking that I had an aseptic wound, and that healing would go on readily as I had witnessed it on other occasions, I paid no particular attention to my patient, whom I might see every day in the ward of the hospital. On the 3rd or 4th day after the operation, I was told by the nurse that my patient was complaining of feeling sick. I at once saw him and noticed that his nose was red and shiney, indicating the onset of an erysipelatous inflammation. I immediately removed the dressing and found beneath it a small collection of pus. Under an open antiseptic dressing the erysipelas soon passed away, and the little wound healed in a few days. About a week afterwards when my patient had considered himself well he was taken suddenly with a chill, and an erysipelatous eruption broke out on his cheek which spread to the ear on the same side. When this process had run its course and recovery seemed to be complete, a third attack supervened on the other side of the face, much to the discouragement of my patient and to my great annoyance. This last attack began four weeks after the original wound had entirely healed. All the topical applications usually employed in such cases were used together with general tonic treatment. When the third attack broke out, I considered from experience I had with the other patient, that this was another case of systemic infection by the specific virus, and I began at once the administration of the bichloride of mercury. Recovery soon took place—no other attacks followed and the patient left the hospital well—minus only the loss of his hair.

The conclusions to be drawn from what I have said are:

1st—That erysipelas is always due to the absorption from without of specific virus.