

able for any treatment, when taken in hand early they are especially benefitted by mountain-air life.

Diabetes would seem properly to contra-indicate high altitude treatment, as its subjects are very liable to succumb to attacks of any acute disease, and these would be more liable to occur in a variable than in an equal climate.

Upon what grounds syphilis is put down by some as a contra-indication I know not.

The combination of tuberculosis and syphilis is a very unfavorable one, and liable to result badly in any climate.

Erysipeloid Affections Following Vaccination.

Gatzin, in *Deutsch Med. Zeit'g*, has discussed this subject, and says the subject needs more attention than it has yet received. Authors are not by any means agreed as to the nature of the red areola. Erysipelas is the most important complication, and oftenest, he thinks, when animal vaccine is used. The question arises as to whether erysipelas in all such cases is the result of accidental infection; or, as Bohn asserts, the potentiality of erysipelas exists in vaccinal lymph itself, and points out the late extension beyond the primary reddened area with high fever and swelling as a proof of this.

Research on the subject is greatly lacking, and as Gatzin says, we can only expect a solution along the lines of bacteriological research.

Many have recently been discussing what is the normal course of a primary vaccination. Best observation gives the following: 1, a small papule on fourth day after inoculation; 2, it becomes a vesicle within 24 to 36 hours; 3, the inflammatory process producing the vesicle develops in a centrifugal direction, thereby raising the papule on a red base; 4, with the increase in size of the vesicle up to the seventh day, the circular dermatitis keeps extending, recession not beginning usually until the tenth day; 5, this is marked by the centre near the pock becoming lighter, thereafter the circumference also, and on the tenth day there is frequently observed near the cloudy pustule a pale-red or colorless areola, surrounded by a red ring three or four centimetres from the middle point; 6, finally the regeneration process begun in the pustule on the eighth day goes on to drying, crusting and scarring.

Gatzin thinks the initial exanthem, both in

variola and vaccinia, to be nothing more than an exanthem form of the pock—in other words, the process in both diseases is of a highly erysipeloid character. Or the bacteria of these diseases belong to the class capable of inducing erysipeloid processes, as Koch and Loeffler have shown is present in mouse septicæmia and in hog-erysipelas. Assuming these views regarding the erysipeloid character of the vaccinal dermatitis to be correct, those who have much experience in vaccination, notably amongst the working classes, are aware that severe erysipelatous inflammation has in not a few cases supervened, which may very properly be called accidental infection. The surprise is that it is not more frequent, since not only is the vaccine inflammatory process by exercising greatly increased, but friction also breaks the vesicle, while the filth from the skin or clothes, must often introduce material of a septic character into the abrasion. Much has been said regarding the necessity of pure lymph for inoculating, but almost nothing regarding the necessity for antiseptic precautions in the later stages of this inflammatory disease.

Hyperpyrexia in Typhoid Fever.

Dr. J. M. Muselli published in the *Journal de Medecine de Bordeaux* some interesting clinical observations on this question, of which we report the following conclusions:—1. Hyperpyrexia is a danger in typhoid fever, from its effect upon the intestines, the heart and the entire organism. 2. The hydropathic treatment, when employed by cold baths, after the method of Brand, exposes the patient to such grave dangers as sudden death, internal hæmorrhages and capillary bronchitis. There is a very slight action on the temperature when it is used in the form of tepid baths and warm and cold sponging. 3. Sulphate of quinine loses very quickly its anti-thermic action, since in a few days the temperature lowered for a short time regains its former height. Its action is not always certain, even in enormous doses. Also, the sulphate of quinine, given in large doses may cause such accidents as trouble with the hearing and headache which disturb the patient and necessitate the suspension of the remedy. 4. Salicylic acid has an uncertain action upon the temperature. Besides, it increases the danger of intestinal hæmorrhages and epistaxis. 5. Antipyrine lowers the tempera-