

IV., XV.; in Case XIII. there was a marked pulmonary complication, although the evidence that it was due to extension is not clear.) Of true pneumonia thus arising I have never seen an example, though such cases have been described. The lesion I have met with is a bronchitis of the finer tubes with considerable pulmonary congestion. One instance of pleurisy, complicated with pericarditis (Case XVII.), has come under my observation.

Diarrhoea is an occasional symptom, and lesions of the solitary glands and of Peyer's patches, enteritis, especially duodenitis, intestinal hæmorrhages and ulcers in the duodenum, have been recorded as *enteric complications* of idiopathic erysipelas. *Enlargement of the spleen* is stated by Friederich to be an almost constant accompaniment of facial erysipelas, and often to reach such a degree that the organ projects from under the rib. *Peritonitis* as an attendant upon erysipelas I met with in one instance. It occurred in a young man just recovering from facial erysipelas, and the tenderness, abdominal pain and distension were such as to leave no doubt in my mind of the nature of the trouble. The patient recovered; but recovered slowly.

That *pycemia* and *metastatic abscesses* follow erysipelas is a common belief. I have not myself met with any cases, probably because my experience is derived from medical cases. And as regards less clearly defined conditions of blood poisoning, very likely many of the obscure symptoms of depression and ill health and general disorder that we observe after attacks in some persons may be due to impure blood. On this point, however, we cannot speculate with any certainty. We do not know enough of the condition of the blood in erysipelas. Virchow states that the fibrin is increased; Walter Moxon and Goodhart confirm the opinion that there is an excess of white cells in the blood of erysipelas. "In one case as many as sixty leucocytes in the field were found, the average being twenty-five;" Bristowe writes "that in the early stages of the disease the blood contains an excess of fibrin and of white corpuscles, but subsequently tends to assume the characters commonly observed in the later stages of febrile disorders." Yet a good many of these observations were evidently made on the

blood in surgical erysipelas, complicated, as this often is, with the history of all kinds of injuries and accidents, and we need further knowledge before we can attempt to draw fixed conclusions as to the blood and the result of its changes in idiopathic erysipelas.

One of the most important of the internal complications of erysipelas is found in the state of the *heart*. It consists in a granular degeneration, like that we observe in idiopathic fevers. The organ is flabby; the impulse is not well-marked; the first sound becomes defective, and is sometimes replaced by a short murmur; the second sound is distinct. In a number of the cases reported in this paper this state of the heart is mentioned, and the autopsy in several showed what the condition of the organ was.

Now the condition of the heart referred to is one that easily becomes complicated with a short mitral murmur due to functional disturbance of the valve, and which is the more readily produced on account of the altered condition of the blood. It is not difficult to understand how this state of things may be mistaken for endocarditis. Still I do not deny the occurrence of endocarditis and kindred alterations; I merely deny the frequency, and explain differently the signs by which the disease is supposed to be indicated. It cannot, I think, be gainsaid in the face of the statement of Sevestre that at the autopsy the lesions of endocarditis have, at times, been detected, attended with swelling of the valves and with degeneration of the myocardium; or, that he has occasionally known the lesion persist and be accompanied by grave disorder of the circulation. Nor can the possibility of its existence be questioned when Jaccoud tells us that he has seen an instance in which a man, dying on the ninth day of an idiopathic erysipelas, was found to have myocarditis, with a slight inflammation of the mitral valve. Pericarditis he also mentions as happening.—*Condensed from The American Jour. Med. Sciences.*

INFLATION OF THE URETHRA either by injecting a solution of carbonate of soda, and followed by one of tartaric acid, or else by means of a Politzer's bag, has been successfully used as an aid to catheterism in urethral stricture.