Constitutional Disturbance.

The two most constant constitutional symptoms are anorexia and prostration. The anorexia was very marked in most cases. The fairly general rule is for the tongue to be coated at first, and afterwards to become raw and denuded of its epithelium (like the skin, be it observed). Sometimes there is vomiting, sometimes diarrhoea, complications which largely conduced to bring about a fatal issue, as they did in Case II. The temperature is not elevated, excepting when the inflammation of the skin is at its height, and there is a large surface involved; for the rest of the course it tends rather to be subnormal, and corresponds to the extreme collapse which sometimes occurs; it was the collapse consequent on gastro-enteritis to which Case II succumbed after such a brave fight.

Diagnosis.

As regards the diagnosis of the affection, the disease bears certain analogies with acute general eczema, but the differences were well exhibited in Case III. This man was evidently the subject of an attack of acute general eczema from March 14th to July 28th; then the disease took on the epidemic form. In the first stage of the case—March 14th to July 28th—the skin lesion presented the typical appearance, and ran the course of acute general eczema. The constitutional symptoms were slight, and amply accounted for by the intermittent cystitis from which he suffered; but after this date the anorexia, extreme prostration, marked tumefaction of the skin, and subsequent thickening, were quite different to his former symptoms, and, so far as my experience goes, were quite inconsistent with acute general eczema. The prostration in this case was so profound and so intractable that, although the skin lesion was at that time on the high road to recovery, he had not the strength to rally, and succumbed.

The disease bears some resemblance to pityriasis rubra, but the epidemic form in which my cases have occurred, the fact that children were almost exempt, and the exudation in the "moist" variety of cases, which constitute the majority, distinguish it from this disease.

Pregnosis.

The mortality among my cases was 12.8 per cent., excluding those in whom death was not directly due to the eruption. The death-rate was considerably higher among the males than the females, being 20 per cent. among the former, and 4 per cent. among the latter. Age seems to have an important influence, both on the severity of the attack and the mortality of the affection. G. C. (Case II) was the youngest of all those who died. The average age among the twenty-one fatal cases was 70½. There are two constitutional symptoms which are of lethal import—tremor of the limbs and embarrassment of respiration without physical signs in the lungs. None of the cases recovered in whom I observed these signs, although at the time they might seem to be doing well in other respects.

Treatment.

Treatment seemed to be of little avail in most cases when once the disease had got a firm hold on the patient, but, in the earlier stage, antiseptics, such as creolin, seemed to have a marked controlling influence. Case III rallied wonderfully for a time by the administration of large quantities of whisky, but the improvement was not permanent.

Pathology.

As to the morbid anatomy and pathology of the affection, my investigations are not carried far enough at the present time to enable me to speak with absolute certainty. But is there not almost sufficient clinical evidence to stamp the disease as a contagious one; namely, (1) its more or less definite course; (2) the symptoms of constitutional disturbance which attend its local manifestation; (3) the existence of a cutaneous eruption; (4) its specificity, that is, the marked general resemblance of the cases; (5) the serpiginous rings with which the eruption started in some of the patients; (6) the marked effect germicides have in modifying the skin lesion; (7) the wave-like manner in which the epidemic has come and gone? Nevertheless, its contagiousness would seem to be but of a feeble order, inasmuch as the sick and healthy are by no means equally attacked. The essential predisposing condi-

tions for its occurrence seem to be advancing years and debility, from sickness ("hospitalism") or other cause. Out of 24 persons in the infirmary, between the ages of 10 and 20, only 6 per cent. was attacked,

Out of 57 between the ages of 20 and 30, 7 p.c. were attacked

" 46	" "	" 30	" 40,	6	"
" 58	" "	" 40	" 50,	17	"
" 43	" "	" 50	" 60,	23	"
" 73	" "	" 60	" 70,	39	"
" 79	" "	" 70	" 80,	30	"
" 19	" "	" 80	" 90,	24	"

On the other hand, only eleven cases occurred amongst the healthy aged inmates of the workhouse; and six of these, five females and one male, were acting at the time as "helpers" in the wards where cases of the disease were under treatment at the time. This, again, is a fact supporting contagion as a proximate cause.

It is needless to say that the possibility of food, soap, scabies, and water have been submitted to a very thorough investigation, and proved to have no connection with the malady. Nor have any considerable number of the sufferers shown evidences of the gouty diathesis.

THE ACTION OF TUBERCULIN ON THE BLOOD.

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SOME years ago, in an article on the pathology of the blood, I pointed out that in certain diseases, notably those of septic origin, the blood undergoes a change which renders it prone to crystallize soon after withdrawal from the body, crystals of hemoglobin appearing both within the corpuscles and in the serum; and, further, that a similar change occurs in blood treated with products of microbic life outside the body.

The same tendency is found in patients after the injection of tuberculin: that is, if the reaction is sufficiently well marked and the temperature sufficiently high, crystallization occurs after the blood has remained on the slide twenty-four hours to three days, according to the severity of the constitutional disturbance.

Moreover, as was then pointed out in the case of local infective processes—erysipelas, for instance—the most marked crystalline tendency was found in blood drawn from the inflamed or erysipelatous area. So, too, in a case of lupus treated by tuberculin, in which the local reaction was very marked, crystallization occurred earlier in blood drawn from the inflamed area than in that from the general circulation. In the case of patients in whom there is no, or only a slight, reaction, or in whom immunity has been acquired, the change is not found. Advanced cases which are markedly febrile, that is, which are suffering from septic absorption before treatment, must be excluded, as crystallization might be found in such.

From previous considerations there is, I think, no doubt that the blood change is due to the presence of products, albumoses or ptomaines, of cell life or decay in the area of tuberculous tissue acted on by the tuberculin, and is only found in the general circulation when the manufacture of these bodies is sufficiently intense or continuous. Thus it may be due to the tuberculin only indirectly, but it would be a matter of interest to know whether each of the constituents into which tuberculin has been separated by Dr. Hunter produces the result.

WE note a practical outcome of the recent Congress of Hygiene and Demography. Dr. Charles Czerny, of Budapest, writes to the Secretary of the Metropolitan Public Gardens Association that, having read a published extract of report presented to the Congress by the Association, he would be glad to receive the regulations adopted by it, and an account of the work done by it, up to the present time. It appears that an association on similar lines is projected in the Hungarian capital. The international value of such congresses is demonstrated by such instances of inquiry, and the consequent spread of information.