Jan. 6th, 1888; died on Jan. 12th. A healthy robust-looking child. Admitted for ulceration of vulva. There was superficial ulceration of both thighs and labia, the ulcerated surface being covered with a greyish membranous slough. In the left groin, a well-marked raised patch of slough of a typical membrane-like character. The parts were treated with a solution of nitrate of silver (twenty grains to the ounce), and speedily assumed a healthy aspect. Four days later the following note was made: "The ulceration has greatly lost its specific character. Most of the grey slough has entirely disappeared, especially from the very characteristic patch on the left groin. There does not appear to be any longer a tendency to the formation of membrane. Although these local symptoms have improved, the general health of the child is not so good. The breathing is slightly impeded and stridulous, the voice husky. Temperature rising. Urine loaded with albumen. No trace of membrane to be seen in throat." Tracheotomy was performed, the child being relieved. Twelve hours later he died suddenly on being lifted up by the nurse. The necropsy was made by Dr. Walter Colman twenty hours after death. Heart: no microscopic change in valves. Lungs: distinct firm layer of membrane in the bronchi, especially in the lower lobes; numerous patches of broncho-pneumonia, and collapse in the same parts. Larynx and trachea lined by firm thin layer of membrane. The kidneys showed incipient nephritis. There was no spread of membrane into the vagina, uterus, or bladder.

27. A. F—, aged three years and a half. Admitted on June 14th, 1888; discharged well on July 14th. Said to have been ill for about a week, and brought to the hospital on account of dyspnoea. Posterior pillars of fauces and pharynx coated with membrane. Breathing stridulous. Four hours after admission tracheotomy was performed by Mr. Lush, house surgeon, the trachea being feathered out with a solution of bicarbonate of soda, twenty grains to the ounce. The following day the general conditions had improved, breathing being easy. Several patches of membrane were coughed up; the spray of soda freely used. The urine contained albumen. Improvement took place daily, the tube being removed on the fourteenth day.

28. J. S—, aged six. Admitted on Sept. 28th, 1888; discharged well on Oct. 22nd. Both tonsils completely covered with membranous deposit, which, when removed, left a bleeding surface. Glands at angle of jaw much swollen. Temperature 100·4°. On the following day the membrane had nearly disappeared from the tonsils. There were now some small patches on the uvula and soft palate. The throat had been continually washed with solution of bicarbonate of soda, forty grains to the ounce. On the fifth day the action of the heart was very weak, and some albumen was present in the urine. On the eighth day the child vomited three times, and the albumen had increased. On the thirteenth day the stomach retained no food, and the child was very weak. Report of house-physician: "Looks as if dying." During the following three days the patient was fed by nutrient enemata, the injection being given every four hours, and containing half an ounce of brandy. On the nineteenth day there was decided improvement, and the child rapidly recovered, the urine being free from albumen on the twentieth day.

(To be concluded.)

CASE OF GENERAL TETANOID CONTRACTURE, WITH A TYPHUS-LIKE ERUPTION; RECOVERY.

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ON June 14th, 1888, I was asked by Mr. Hawkyard, of Leeds, to see with him Mr. A—, aged forty-three, on account of a condition of great obscurity, the striking features of which were a stiffness of the neck and closure of the jaw, accompanied by an eruption of very general distribution. I transcribe the record of the case from my notebook as it was made on the day I first saw the patient.

Mr. A— is the foreman engineer at a large tannery, where he has the superintendence of the whole of the machinery and is brought much into contact with hides,

mostly foreign, in both the wet and the dry state. The history is as follows:—On May 27th, 1888, he took to his bed on account of the stiffness about the jaws and consequent inability to swallow, which had rapidly developed during the two preceding days, with some general malaise, perhaps more from alarm than anything else. There had been no injury; and no cause for the condition was suggested. The stiffness of the neck and closure of the jaw continued, and on May 29th there appeared an eruption upon the trunk and limbs, but not on the face. There had been no vomiting. The temperature had on one occasion been raised to 101°, but otherwise it had been normal. The tetanoid condition had been continuous throughout, with periodic exacerbations, especially noticeable during sleep; and occasionally there had been marked opisthotonos. The "spasms," occurring just as he was going to sleep, had been occasionally of sufficient violence to raise him entirely from the bed. There had been great fetor of the breath, probably from carious teeth, of which there were many, and a spongy condition of the gums.

Present condition, June 14th (18th day).—He is a well-built, healthy-looking man, lying in bed. He is not wasted, and he has no general appearance which would indicate any continued fever, the duration of his illness, or any such grave condition as ordinary tetanus. The face is rather flushed, but has, on the whole, the ruddy appearance which is natural to him when in good health. There is profuse sweating of the whole body, with a well-marked rheumatic odour. The eyes are bright and natural, and the pupils normal. The intellect is quite clear, and he takes a lively and intelligent interest in his condition. There is a striking and almost extreme tetanic grin, widening his mouth, and showing the spongy gums and carious teeth in close and fixed apposition. With great effort, he is able to separate the jaws sufficiently to admit the tip of one's finger, but not to retain them so separated for any length of time, the jaw slowly closing again in spite of his obvious endeavour to prevent it. There is a moderate degree of cervical opisthotonos. There is well-marked rigidity of the abdominal rectus, which is the chief seat of pain. The whole trunk is rigid, so that any attempt to pull him up into the sitting posture only ends in his sliding down in the bed. The rigidity of the head, neck, and trunk muscles is extreme. The legs also are rigid, but to a less degree; passive movement is much resisted. The knee jerks are present, and, in spite of the rigidity, normal in excursion. The arms and hands at the present moment are not affected, but in the exacerbations they share in the general disturbance. There is no affection of the joints.

The eruption is a most remarkable one. It is seen in its greatest intensity upon the surface of the abdomen and chest, less upon the back, less still upon the arms, and least of all upon the legs. The face and neck are quite clear. From its distribution it might be suggested that it is due to the sweating, which has been profuse throughout. This may be so, though I am inclined to think otherwise, for the reason that it is utterly unlike any sweat eruption which I have ever seen. On the abdomen the appearances are as much like those of an exaggerated typhus eruption as anything to which I can liken it. The whole surface of the abdomen is thickly covered with a papular or papulovesicular eruption, of a livid, dusky-red appearance, almost the colour of the ordinary "port-wine" mark. It is a coarse-looking eruption generally, and most, if not all, of its colour disappears on pressure. On the arms the spots are less closely placed, and are of a more rosy aspect, and here and there have an eczematous appearance. Here, as on the abdomen, the colour for the most part disappears when the skin is stretched. The eruption has been present throughout the case, but has constantly varied in the depth of its colour. Mr. Hawkyard thinks it comes out in successive crops, each crop lasting perhaps three days. The digestive, circulatory, and urinary organs were not, and had not been, disturbed in the least degree. Feeding had been almost impossible on account of the closure of the jaws. The temperature was normal.

I saw him again on June 16th, when he was remarkably improved. The trismus was much less marked. The eruption had largely disappeared, and on the arms had left some finely desquamating patches. At my suggestion, he had been taking some moderate doses of quinine. On June 20th the improvement was most marked, though the grin was still present, but in a much less degree. He was able to open his mouth more than formerly, and, above all, he could get out of bed and walk, though his move-