Hospital, as in the Regent's-park, where the maximum thermometer only indicated 89° on the 16th of June. It will be observed, from the above data, that June of the present year exceeded that of 1857 by no less a number of degrees of heat than 120°; showing that the intensity of the night temperature was concentrated in the last month of the quarter.

ON A CASE OF SMALL-POX SUPERVENING ON MEASLES AND ANOTHER ON SCARLATINA.

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"Nobody ever saw a patient with small-pox and measles out on the skin together."—*A Clinical Lecture by THOS. KING CHAMBERS, M.D. (Vide THE LANCET, Feb. 6th, 1853.)*

BETWEEN three and four years ago, a young soldier, declining rapidly in the second stage of phthisis, became the subject of measles so well developed, that it might have been selected as a model case from which to study that exanthem. The eruption had arrived at its climax, and had gained its turning point,—the thoracic symptoms, as might be expected in such a subject, being exceedingly severe,—when the patient sustained unexpectedly an attack of rigors, and, at my visit on the following morning, presented, *quoad* his entire face, the appearance as of a substratum of shot beneath the skin. Unprepared for what was about soon after to develop itself, it will easily be understood how much at a loss I felt to account for the very unusual state of things thus unexpectedly presented to my notice. Twenty-four hours later and I found I had a case of *confluent small-pox*, engrafted on a ground of rubeola, to deal with; and I may truly say that never had I met with more finished representations of either disease than were now delineated together in the same individual. The patient contended manfully against the three separate and formidable assailants that had thus pitilessly set upon him until, under the maturing process of the last, the powers of life gave way, and a fatal issue overtook him.

The case, of which I have now afforded but a brief outline, occurred at the Military Hospital at Devonport, and was seen, amongst other individuals, by the principal medical officer of the station, Mr. Dartnell. I forwarded the details of it at the time, *in extenso*, to the Director-General of the Medical Department of the Army, in the archives of whose office I doubt not they still exist.

The foregoing case made a great impression upon me at the time, and, believing it to stand alone in the history of medicine, I have frequently upbraided myself since that I had not recorded it in the periodical literature of the day. That I have not set too high a price upon its value as an individuality *unique* in the chapter of medical curiosities, I am justified, I think, in assuming, by the selection of such an anomaly or incongruity, on the part of Dr. Chambers, to represent the *lusus nature* of all others the least likely to present itself to the physician's notice. If "nobody ever saw a patient with small-pox and measles out on the skin together," before or since, I may consider myself fortunate in having been privileged to witness the only case on record of this remarkable association; and but for the fact that seeing, in medicine as in other sciences, is believing, I should certainly myself for one have subscribed to the dictum of this accomplished physician as a truism as little likely to be questioned as any other established fact in nature.

Within a few weeks of the coincidence I have recorded,—small-pox, I should explain, being *prevalent* at the time in the establishment,—the following not less remarkable occurrence developed itself in the same hospital in the person of a soldier of the 1st Somerset Militia:—

Private James Bale (or Ball), aged twenty, after some few days of pyrexia, accompanied at first with "a strawberry" tongue, and then with so much swelling of that organ as to demand free incisions,—severe sore-throat being an attendant symptom,—presented, in due time, an eruption of scarlatina, which came out well, and was intense in degree. The pulse

ran high, deglutition became very difficult, delirium set in early, and the general tendency of the symptoms was in a downward direction.

Between the third and fourth day after the eruption had declared itself, the following entry occurs in the medical register of the regiment, for which I am indebted to the (then) assistant-surgeon of the corps:—"Some vesicles, depressed in centre, have appeared, bearing the character of varioloid eruption; is with difficulty aroused to answer questions; the primary scarlatinal eruption is scarcely perceptible; tongue very dry and coated—almost black; fæces passed under him in bed." Evening of the same day: "Face thickly covered with *small-pox pustules*; scarlatinal eruption receded; is in every respect worse, and apparently sinking." And, the day after, "Passed a quiet night, but lies in a comatose state; varioloid eruption in its most confluent form; breathing laborious; cheeks puffed out in expiration," &c. The patient soon after expired.

Remarks.—Here, then, within the brief space of a few weeks, we meet with two coincidences in the natural history of disease, so remarkable, so exceedingly rare, that I am disposed to believe that they are almost, if not quite, unique in themselves. In the one case, small-pox and measles co-existent in the same individual; in the other, small-pox and scarlatina: occurrences remarkably negating and subversive of the dogma of the school, now respectable only, for the most part, for its antiquity, as well as for the support which it was long, erroneously, supposed to have derived from the illustrious name of John Hunter—to wit, that Nature does not more abhor a vacuum than she does the coincidence of two poisons at the same time in the same individual. In the first of the cases under consideration, we observe the system, at one and the same moment, under the dominion of *three* separate and acute specific diseases; any one of them, we should conclude, from *à priori* reasoning, opposing an inseparable barrier against the intrusion of either, not to speak of both of the other two.

In a practical point of view, we derive a useful lesson from the striking histories I have now had an opportunity of submitting to the profession; and that is, as to the importance of *isolating* the subjects of one member of the family of the exanthemata from those who may be under the influence of another of the same; no longer confiding in the conservative influence which the existence of one of these forms of blood-poison in the system may be supposed to exercise against the possible invasion of another, a consideration which it would be well to bear in mind in arranging the "contagious wards" of our military and other public institutions for the treatment of the sick, where bodies of individuals are massed together within a narrow compass.

Corfu, 1858.

A CASE OF FRACTURE OF THE BASE OF THE SKULL.

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PRIVATE J. M.—, of the 2nd Dragoons, aged twenty-two, while exercising a young horse in the barrack yard, was thrown and pitched upon his forehead, taken up insensible, and conveyed to the Regimental Hospital, about ten A.M. on the 2nd instant.

The following symptoms were evident on admission: total unconsciousness and complete loss of power; breathing stertorous; both pupils firmly contracted and insensible to light; skin hot and perspiring; pulse full and compressible. On being put to bed vomiting occurred; the urine dribbled away involuntarily, but the fæces were retained. *There was no hæmorrhage from either ears or nose.* On examination of the head, no fracture of the skull could be detected; considerable ecchymosis of the left eye existed, and there was a small contusion over the left frontal eminence.

The man continued in the same state as when first brought under notice, and died twenty-three hours after the accident.

Autopsy, thirty hours after death.—A contusion over the left frontal eminence and ecchymosis of the left eye; effusion of blood under the left temporal muscle. The dura mater much congested; cerebral surface very vascular, and there were coagula at the base. Sections of brain exhibited bloody puncta in all parts; there was bloody serum in the lateral ventricles, and a clot was found in the left lateral and also in the fifth