

meat but pork cured with saltpetre, no vegetables, but sufficient bread. In this occupation he would be of course repeatedly wet and not particular as to the cleanliness of his body. He had intermittent fever many years ago, and occasionally, up to the time when the present malady first appeared, he had, as far as can be made out by the symptoms, an epileptic convulsion.

Some years ago, after paddling a considerable distance in a canoe, he noticed on the left knee a large blister forming, but thinking it only a gall took no further notice of it, until some few days after it burst, leaving a sore similar to many now on his hands and feet. This disappeared in about five months, and almost immediately another formed on the opposite knee, and ran the same course in about the same time. These continued to appear and disappear alternately, until four years subsequently the hands became affected, and soon afterwards the feet. The nares, two years ago, became dry, and then ulcerated, resulting in destruction of the septum and parts of the walls. He has now consequently frequent and alarming attacks of epistaxis chiefly at night.

Present Condition, Feb. 10th.—He presents a cachectic look, and his appearance is made somewhat unsightly by the absence of eyebrows and lashes, and the drooping of the alar cartilages through loss of the septum. The voice is likewise very husky, hoarse and weak. His frame is large and altogether well proportioned, but from long continued ailment the muscles are more or less atrophied. The mental faculties are unimpaired. When questioned he answers intelligently and with thought. The integument of the eyebrows and eyelids is much thickened and somewhat congested, and both are devoid of hair. The features generally are large, and the integuments of the face massive, imparting a rather repulsive appearance to the man. The larynx has not been examined, but the mucous membrane at the back part of the mouth has a brownish appearance. Both ulnar nerves are enlarged at the elbows, but the right much more than the left. The hands are dry, hard, and scaly, presenting three or four bullæ filled with serum, and several crusts of a brownish colour very like rupial scabs. On removing a crust a circular ulcer is left. The fingers, but especially the thumbs and forefingers, are greatly distorted, there being considerable atrophy of many of the distal phalanges; and the nails are turned in at the ends, very similar to the incurvated condition of advanced phthisis. On the feet the same condition of the skin is found, and likewise an occasional crust on the legs. The bowels are comparatively regular. An examination of the urine shows an absence of albumen, and perhaps a deficiency of urea.

State of Sensibility.—With the æsthesiometer it is found that sensation in the eyebrows and integument of the forehead above the external orbital angle is wholly absent on the right side, but in proceeding inwards it gradually appears. On the left side loss of sensation is not generally so evident, but at times it is difficult to say whether there is really any difference between the sides. About the nose and chin, also sensibility is very dull. On the tip of the tongue the two points are distinguished only when one-fifth of an inch apart. Of the fingers none, but the little ones possess anything like the normal amount of sensibility; next come the ring

fingers, and last of all the thumbs. He does not feel the point of the instrument on the ball of the thumb, or the palm of the hand. On the back of the hand the two points are distinguished at three and a half inches, and on the back of the arm immediately above the wrist at two and a quarter inches. The æsthesia gradually disappears as the examination is continued upwards, sensation becoming normal at the middle of the upper arm. Altogether, very little if any difference is noticeable in the state of sensibilities of the two upper extremities when compared with each other.

As to the feet, æsthesia appears to vary somewhat on the two sides; for example, on the inner side of the left sole the points are felt distinctly at about three inches, while in the same place on the right side he is quite unconscious of them. There are, however, isolated spots on both feet where sensibility appears very active, and again a perfectly raw surface on the ball of the right toe can be pricked without causing the least pain or other symptom of sensation. Tickling the soles has not the slightest effect on him. Anæsthesia extends on the other side of the leg to about the junction of the upper with the middle third, and on the inner side to some two inches below that point. Altogether it is very difficult to define the exact extent of anæsthesia on both legs, but it may be safely said to be about even. There are certain anomalies in the state of sensibility which are quite irreconcilable, and indeed anæsthesia varies considerably at short intervals of time and at various points within a small area.

Feb. 10th.—Ung. Benz. Zinc Ox. is ordered for the sores, and internally the following draught, three times a day. R Liq. arsenicalis M. V. Vin, ferri, two drachms, aque $\frac{1}{2}$ oz., et misc.

Feb. 13th.—He appears more than usually bright to-day, but complains bitterly of cold extremities, being unable, with the warmest clothing, to keep them comfortable. At his request, pulv. capsici is given to put in his stockings and gloves. Two large sores on the buttock are to be dressed.

Feb. 15th.—Has passed a very bad night from the great pain and cold in the feet and legs. The abdomen is noticed to be slightly distended, but no fluctuation can be found. Percussion shows enlargement of the liver and spleen. The hepatic dulness in front extends vertically from the fourth interspace to half an inch above the crest of the ilium, and transversely to four inches beyond the median line; while behind it is noticed as high as the seventh rib. In front the spleen reaches to within an inch of the left lobe of the liver, above to the eighth interspace and below, to a little below the twelfth rib. The æsthesiometer elicits little more than was before known.

About the 17th slight febrile symptoms set in; and soon after the physical signs of broncho-pneumonia supervened, and he died by apnoea on the 26th. The following note was made by the clinical clerk on the 25th: Pulse 110; temperature 101°. The æsthesiometer shows sensations, as more acute than ever before; two points can be distinguished at two inches apart upon the ball of the thumb, and the ulcerated surfaces upon the hands and feet are really sensitive. Anæsthesia extends but a short distance above the ankles. Autopsy, 27 hours after death.