ment occurred during his early childhood, and, as I gather from his own statements, reinforced by those of some of his relatives, his trouble was originally a spontaneous dislocation, permitted by the presence of pus in the hip-joint during a protracted siege of scarlatina.

Another case of this general character, but which was not allowed to go on so far, was the following:—

Case II. *Morbilli; monarticular abscess.*—C. M., a boy of six, had a quite severe attack of measles. He had always been weak and sickly, and this acute attack in addition proved almost too much for him. After the eruption had fully subsided he was noticed to favour the right arm, seeming disinclined to use it. Then he would cry out when it was moved. Examination showed a slight tumefaction of the elbow-joint, and a sensation of heat about the part. Swelling increasing, it was held that we had an acute synovitis to deal with. It was only after a few days, when local treatment had made no impression, that it was deemed best to explore. With the aspirator I drew off about 60 cc. of ordinary laudable pus. Four days later aspiration was repeated and a smaller amount removed. With careful manipulation full range of motion was restored, and the boy made a good recovery.

These cases teach the value of early and attentive examination and of careful treatment should a child sick with either of the exanthemata show any indisposition to move an extremity.

It is known that after typhoid fever various degenerative changes take place in muscular tissues, and these have been noticed most often in the abdominal muscles, and next often in those of the thigh, and in the diaphragm and psoas. At times it happens that large portions of bellies of muscles are separated and cast off. Muscle changes are not solely the result of fevers; they have been met with after pneumonia, cholera, scurvy, cerebro-spinal meningitis, and other acute affections. No certain knowledge has been gained concerning their exact nature nor their precise sequence. Velpeau first published an account of muscular rupture, in his case of the abdominal muscles, and said that they became so fragile in advanced stages of putrid fever that in the irregular and convulsive movements of delirium, coughing, etc., they might easily part. Frequently such solution of muscular continuity leads to the formation of hæmatomata inside of muscular sheaths, where they may be found post-mortem; or, should recovery ensue, they may give rise to peculiar features calculated to deceive even the very elect.

In other cases the change is one occurring by degrees, and leads to the formation of depots of softening, or even to that of true cold-abscesses, as in the following case:

Case III. *Post-typhoid intra-muscular abscess.*—Caroline Meyer, aged 20, was brought to the Buffalo General Hospital November 10th, 1884, sick with typhoid fever, and for weeks her life was despaired of. After the febrile crisis had passed she was comatose, and then stupid for many days, and returned to her normal mental condition very gradually. January 15th a tumour of some kind was discovered in the middle line of the abdomen, nearer the pubis than the umbilicus, and evidently in the substance of the anterior abdominal wall. It was at first tender, and there was slight general febrile disturbance, but the latter soon disappeared. A month later fluctuation was detected, and, with the hypodermic syringe, a fluid resembling pus was drawn off. February 28th, the patient having been anæsthetized, the collection was cut down upon, in the middle line. It was found to consist of a pair of cavities, each about the size of a pullet's egg, containing a thick, colloid, cloudy, straw-coloured fluid, of consistency of mucilage, somewhat resembling pus. The cavities were lined with a membrane closely resembling the ordinary pyogenic membrane of a cold-abscess. They were situated almost symmetrically on either side of the linea alba, their lowest limit at the top of the pubis, and were, apparently, the relics of the lowermost section of the rectus abdominus. Their lining walls were removed with scissors and currette, irrigated with sublimate solution, proper drains and deep sutures introduced, and an iodoform dressing applied. Perfect recovery was as prompt as could have been desired.

Further than this, areolar and fatty tissue in non-vascular regions may break down on apparently little or no provocation, and then we