

according to the mother's statement, while only a few papules were to be seen elsewhere, a cluster appeared on the back of each leg, the papules in which in a week or so began to coalesce and become inflamed, and the whole mass gradually became more raised above the surrounding skin. The mother declined to show it to any other doctor in my absence, and continued to give the medicine according to directions. On my return to Montreal in the beginning of January, I found my patient in the following condition: There was marked pallor of the face; the pupils were dilated, and complaint was made of frontal headache. When the patient was quite at rest, the pulse was weak and 68 in the minute. The mother complained that the child moped all the day, and had no inclination to work; her breath lately had acquired a decidedly unpleasant odor, her appetite was poor, and the bowels somewhat relaxed. Only a few acne papules were to be seen over the face and shoulders, but towards the back of both legs raised crustitious patches were to be seen. On the right side, about the middle third of the extensor surface, was a large patch, 12 cm. ( $4\frac{3}{4}$  inches) long, 8.5 cm. ( $3\frac{1}{2}$  inches) broad, with an abrupt edge raised nearly a centimeter above the surrounding skin. Below, and coalescing with it at its upper margin, was a smaller one, nearly circular, 3 cm. ( $1\frac{1}{4}$  inches) in diameter, and raised similarly. On the left, four smaller patches nearly circular, 4.5 to 6 cm. ( $1\frac{3}{4}$  to  $2\frac{1}{3}$  inches) in diameter, and scarcely as much raised as on the other leg, occupy the posterior aspect of the limb about its middle third, while two smaller, but otherwise similar ones, adjoin a little lower down, and approach more the inner aspect. The patches had somewhat the appearance of a tubercular syphilitide; their surface was covered with a thick irregular scab, on raising which a moist red surface was exposed, very sensitive, and not unlike in appearance that of exuberant granulations. For nearly half an inch surrounding these patches the skin was red and painful; otherwise general sensibility appeared to be slightly lessened. The bromide was now omitted and a mixture of iron and nux vomica administered, while lead lotion was used as a local dressing. At time of writing (two months afterwards) the patches are still