

same way, and lasted about the same time, viz., from two to four weeks.

Within the past year I have had under observation two cases, which cannot well be placed under any of the classes given, but rather present the peculiarities of two or three of the described forms of eruption.

The first was an unmarried lady of about 40 years of age, of a blonde complexion, and of rather nervous temperament. She had for some years suffered from mild epileptic attacks, which were much controlled by bromide of potassium. She had taken the drug almost constantly for a year or more.

About six months before I saw her, she noticed a red spot on her leg, which gave her much pain when she walked. Suppuration took place, and an ulcer formed. Other patches of the same kind formed, which ran together, thus affecting a large surface.

When I saw her, she presented some spots of bromide acne on the forehead and scalp. A few raised red patches had appeared on the body and thighs. The anterior surface of one leg presented a large partly ulcerated and partly verrucous patch. The ulcer exhibited a peculiar indolent look. Papilliform growths existed around, and especially to one side of the ulcer. When these warty excrescences were pressed, a purulent fluid would exude. Part of the verrucous surface was covered by a scab, which could be removed by a knife. The ulcer itself was sensitive, but the papilliform growths were less sensitive than normal. The patient experienced so much pain in walking that she preferred to remain in bed. There was no history of syphilis. Thinking the eruption might be due to the bromides, I recommended her to cease taking them. She did so, and the lesions slowly but surely disappeared. In about four months she was quite well. During her convalescence she commenced taking the bromides, and soon noticed that the patches were becoming worse, and desisted from the drug.

Seguin has narrated three cases in which a peculiar cutaneous lesion, termed by him *ulcus elevatum*, was produced by the bromide of potassium. The lesions were described as large, irregular, ulcerated patches, and from two to four M.M. above the surface, symmetrically situated on both legs. The elevated surface of the

ulcer was greyish red in color, with here and there an adherent crust. It secreted a sanious, fetid, puriform liquid, and bled on being touched. It did not look like ordinary granulation tissue. It was much firmer, and composed of hard matter. At several points it presented a slightly bullous or papillomatous appearance.

From this description it will be seen that the case just described by me is almost identical with Seguin's cases.

A second case, and one which puzzled me very much, I shall describe in detail. The patient, a female infant about nine months old, with an otherwise healthy appearance, presented a peculiar rash, which its parent stated had been about ten days in existence. The child's mother suffered from eczema. The father was quite healthy. There was no syphilitic history. A peculiar pustular eruption was found on the face, legs, and thighs. Some of the pustules about the size of a hen's egg were discrete, and resembled those of varicella, while others became confluent, forming red, elevated patches, with pustular surfaces. Besides the patches, in some places patches of darkly discolored elevated verrucous appearance presented themselves, which at once reminded me of the case already described. Enquiries were made as to whether the child had taken any medicine previous to the appearance of the eruption. At first the parents stated that no medicine had been given, and I treated the case as one of pustular eczema. The child was taking a mixture prescribed by the physician who handed the case over to me. This medicine I ordered to be continued. The child was seen daily for four or five days, during which time the eruption became gradually worse. Fresh pustules appeared on different parts of the body, especially upon the scalp. The child did not sleep, and, notwithstanding sedative applications, the irritation seemed increasing. The warty patches increased in size on the legs, and one or two appeared on the face. More particular enquiries were then made as to the previous administration of drugs. The mother then told me that two or three weeks before the child was suffering from a cold, and was prescribed for by a physician, who was at the time attending another patient in the house. The child had taken a bottle and a half when the pustular eruption made its appearance. The