

*deposit.* In relation to it Dr. Tweedie remarks:—"In a few instances we have seen the large joints suddenly become extremely painful to which swelling with evidence of fluctuation succeeded and the patient was destroyed in a very short time." Subsequently, when speaking of the morbid anatomy of these fatal cases, the same author observes:—"there are not always marks of inflammation of the synovial membrane. In the last case, however, which we examined in which pus was deposited in the left wrist and in both ankle-joints, there was deposition of pus exterior to the wrist-joint, among the carpal bones. The synovial membrane of the wrist and ankle was evidently redder than natural, but there was no abrasion. We are therefore inclined to think that these purulent formations in the joints may occur without antecedent inflammation; and even in the case alluded to we doubt the co-existence of inflammation; it is more probable that the pus which was deposited was not the consequence of the inflammatory action, but that the purulent fluid was deposited from the blood, in the same way as it is sometimes deposited in other parts of the body." (Cyclop. Pract. Med. Art. Scarlatina.)

A much rarer complication than the preceding is the sudden occurrence of rapid gangrene of the mouth involving the soft structures of the cheek. This unusual and very frequently fatal complication is liable to supervene in young scrofulous or otherwise debilitated constitutions, towards the latter end of the fever, which, in such a case, exhibits the marked typhoid character. I here give the progress of the local affection as I observed in a little girl, *æt.* 10, of a feeble constitution, who contracted scarlatina anginea which merged on the 4th day into a malignant type. When visiting her on the morning of the 6th day I found that hæmorrhage had taken place from the mouth, the blood adhering very firmly to the teeth and lips. On looking into the mouth I observed a dark slough of the mucous membrane lining the left cheek. On the 7th day the slough had enlarged and deepened into the soft structure of the cheek which was now swollen and presented a pale shining, glassy aspect. A small livid speck or tubercle also shewed itself on the surface of the face, exactly corresponding to the internal slough. On attempting to detach the latter it separated into shreds, being adherent to the sound textures. It had an exceedingly fetid odour. By the evening, the livid speck observed in the morning, had enlarged to the size of a four-penny piece. It presented a dark ash-gray surface--depressed beneath the level of the surrounding skin. Its margin was circular, well-defined, and not surrounded by any red or inflammatory appearance. On the following day the gangrenous mass had spread to the size of a two shilling piece, depressed in the centre,