symptoms. Three days after the occurrence of the rigor the characteristic eruption of measles appeared. The temperature on the evening previous to the appearance of the eruption was 103 three-fifths, on the following morning 104, and on the afternoon of the same day 105 three-fifths. After a cold sponge bath and the administration of a ten-grain dose of quinine the temperature rapidly fell, the thermometer next morning sinking to 99 four-fifths.

During the whole course of the disease no catarrhal symptoms were present, but a little injection of the conjunctival vessels.

The rash was diffused over the whole body in three days and then gradually disappeared in three days more, desquamation ensuing in the usual way. A peculiar feature was a re-appearance of the cutaneous eruption, three or four days after its disappearance and whilst desquamation was still progressing. especially noticeable if the patient was slightly chilled and sometimes would entirely disappear only to return again under similar conditions.

The patient was vaccinated with humanized virus, first remove, six days previous to the appearance of the rubeolous rash. At one point the vaccine virus being introduced by minute scarifications and at the second by scraping off the epidermis.

There was no evidence of successful vaccination until the tenth day after inoculation when a small papule appeared at the scarified point. The papule became a vesicle on the twelfth day and a pustule about the eighteenth, desiccation following in the usual way, thus running a regular course after the first appearance of the papule.

About three days after the first point had reached the stage of desiccation a second papule made its appearance at the point which had been denuded of epidermis. This, in due course, presented the characteristic appearance of a typical vaccine vesicle, being distinctly umbilicated. It promises to run through all the stages of a primary vaccination. About the beginning of this stage of vesiculation an erythematous blush-looking very like erysipelas -appeared around the vesicle and spread over the entire circumference of the arm and down

was also present. As there were some cases of erysipelas in the hospital at the time, the patient was put on hourly doses of 20 minims each of Tr. Ferri Mur. and Liq. Ammoniæ Acetatis and the redness subsided in twenty-four hours thereafter. Patient's temperature is, however, still (19th March) supra-normal, 99 three-fifths.

P. S.—The temperature fell to normal point on 23rd March.

The case is interesting, both in view of the unusual incubating stage, and as presenting an instance of concurrence of rubeola (or Rötheln) and vaccinia, or of one of those lately reported in numbers from the State of Illinois as vaccinia, attended with a Rötheln eruption, and also as a probable instance of what Dr. Warlomont, of Brussels, terms self vaccinization. Were it not for the presence of erysipelas in the building, we should adopt the practice recommended by Warlomont, of re-vaccinating from this and subsequent vesicles, if any, until immunity occurred. If the patient had measles, the temperature 105 three-fifths was very unusually high.

DISLOCATION OF RADIUS AND ULNA FORWARDS.

BY WM. CALDWELL, M.D., LAKEFIELD, ONT.

In completion of a series of rare dislocations, published in our columns in the last few months, we are much pleased to be able to present the following case in Dr. Caldwell's practice :---

On the 16th of May, 1878, I was called to see a little girl, aged about 10 years, daughter of Mr. H., residing within one mile of this place, who had received an injury at the elbow joint by having her crutch knecked out of her hand by her brother.

On examination found the forearm flexed on the arm and shortened; in the situation of the olecranon process the end of the humerus was projecting, leaving a deep depression between it and the forearm. I failed to elicit any crepitation, and not knowing at the time that dislocation of the ulna could take place. forward without fracture was quite puzzled, but determined to reduce the dislocation, beas far as the elbow. Some axillary adenitis lieving if any fracture existed I would discover