

the region of the pubes and perineum, producing an evolution of the mucous membranes of the vagina and rectum. The oral aperture at times assumed an orbicular shape, while the surrounding skin took on a purplish or dusky hue. The temperature of the surface was much diminished. There was no appearance of œdema.

As soon as respiration was sufficiently established, it was wrapped in warm flannel, and afterwards well washed and bathed in warm water, soon after which it cried out lustily; but this cry gradually fell away to a moan, which continued till its death, which happened five hours after birth, the tension of the skin having become more general, and having increased to such an intensity as to induce a change in its colour. This colour, which was a dark purple, was first noticed in the hands and feet, and thence pervaded the entire body. Death was ushered in by a general tetanic spasm.

We have here an example of what may be termed the acute form of that fatal but fortunately very rare affection known as the skin-bound disease, the œdematie concrete, or sclerema of French authors. It is not distinctly mentioned till 1716, when Usemborzius published a case of it. Since that time we have had good descriptions of it by Dr. Underwood and M. Andrij, as it appeared with some variations in the London and Parisian Hospitals respectively. It occurs rarely, and then only as an endemic, in England, and it is not so liable to complication with tetanic spasm and erysipelas, as it is in France. Dr. Denman collates the following symptoms as pathognomonic of (the chronic form of) the disease:—

1st. The skin is always of a yellowish white colour, giving the idea of soft wax.

2nd. The feel of the skin is hard and resisting, but not œdematous.

3rd. The cellular membrane is fixed in such a manner that the skin will not slide over the subjacent muscles; not even on the back of the hands where it is usually very loose and pliable.

4th. The stricture often extends over the whole body, but the skin is particularly rigid in the parts of the face, and on the extremities.

5th. The child is always cold.

6th. The infant makes a peculiar kind of moaning noise, which is often very feeble, and never cries like other children.

7th. Whatever number of days such children may survive, they always have the appearance of being dying.

In two respects the case before us presented variations; the skin was of a deep red colour from the first, and the stricture more rigid about the body and extremities.

In speaking of the induration of the subcutaneous cellular tissue of early infancy, Dr. Davis remarks that the disease usually comes on just after birth: it is sometimes delayed for two or three days,