

the comparatively late rash in small successive crops; the final definite nasal and pulmonary signs.

WILKINS. Montreal. *Montreal General Hospital Case Reports*, XIV, 49.—These notes are here abstracted by kind permission of the Medical Board of the Montreal General Hospital.

A previously healthy carter, aged 23, was admitted to the Hospital in the service of Dr. Wilkins on April 28th, 1885, complaining of dorsal and lumbar pain. This had developed on April 23rd, after sleeping in his wet clothes following a debauch. That evening he was chilly and had cold sweats. The pain extended and increased so that the patient was unable to work, though his appetite was fair.

On admission there was a fairly well limited area of tenderness over the lumbo-sacral articulation, also pain extending up and down the right femur, most marked over the trochanter. There was no inflammatory reaction over the affected parts. There were the usual symptoms accompanying fever and his temperature ranged from 100° to 102° . Chilly sensations and cold perspirations occurred nightly and there was herpes of the lips. Salicylates, given with some improvement on admission, were discontinued on May 2nd.

On May 5th there was scanty, transient, bloody discharge from the nose, and on May 6th the right and left ankles and right wrist were greatly swollen and inflamed. The temperature was now 103° to 104° ; pulse 100, general condition fairly good. On May 8th the left wrist and both knees were greatly inflamed, pulse 110. A pustule was noticed over the left malar bone. On May 9th a blowing systolic murmur, transmitted to the right of the sternum, was heard at the aortic cartilage, but the præcordial pain previously present was diminishing. Another large pustule had developed on the upper lip. On May 11th there was muttering delirium with great prostration, the joints previously mentioned were greatly swollen and cedematous, and several of them, including the left wrist, fluctuating. There were deposits of fluid in the right leg anteriorly and numerous shot-like papules on the face, wrists, legs and body. These papules soon became pustular, and were depressed centrally and ulcerated, or else disappeared. A thick, gluey, bloody mucus blocked the left nostril. The pulse was 120, evening temperature 105° . On May 12th the temperature was 104° , pulse 130, respirations 30 and stertorous. The nostril was completely blocked, though nasal discharge had ceased. The facies was pinched, the tongue dry and brown. On the face an erysipelatous swelling was seen surrounding groups of pustules. The rash was most abundant on the face, legs, dorsum of the feet, arms, chest and back. A subsequent note states that the fluctuating deposits of pus had increased over the regions previously