

condition appeared on the right breast, and gradually spread until the patch became as large as an English penny, when it ceased extending.

*Present Condition.*—Patient is a bright, intelligent girl, and gives a good account of the disease. The right thigh, from the hip to the knee is, to a great extent, covered by an eruption which, at first appearance, somewhat resembles psoriasis. The skin is thick, of a bluish colour, and covered by small fine scales. Immediately above the knee the eruption exists in patches of nodules, which are covered with scales. A little higher towards the hip the nodules have run together, producing an irregular elevated surface. When the scales are rubbed off an indurated surface remains, which does not show any great tendency to bleed. Immediately below the patella there is a mass of epidermic cells, one-third of an inch thick, very similar to accumulations which occur in psoriasis. The disease has existed about the knee for seven years. In the middle third of the thigh the disease has existed ten years. Here there is not so much induration. The nodules and raised patches are not so congested. Here and there among the patches are small portions of cicatricial tissue, where the disease has once existed, and from which it has disappeared. In the upper third of the thigh, on the outer side, is a large patch of thin cicatricial tissue, where the disease once existed. The integument has a peculiar parchment appearance, remarkably thin and pliable, very much wrinkled in places, which gives it the appearance of senile atrophy of the skin.

On the right gluteal region the same condition exists as above the knee, viz.: elevated nodules and patches covered by scales. The disease has also spread over the left gluteal region and a short distance down the left thigh. As previously stated, there has been no extension for the last three years. Patient's mother states that on three different occasions, during the last

eighteen years, patient has been seized with chills, followed by fever, and then swelling of the right thigh. A discharge of fluid would take place, which was at first thin and watery, but would rapidly become purulent. The discharge at these times was very profuse, and of an offensive colour, so much so that her mother was obliged to use charcoal poultices. These attacks lasted about three weeks, during which time the patient had to be in bed. When they were over, the skin was left in the same condition as before their beginning.

*Condition of Face.*—The integument of the right cheek back to the ear is involved; also that around the right eye and over the right side of forehead. The nose, and about half of the left cheek, are also affected. The tip and part of right side of nose is covered by a scab, which occasionally comes off, leaving a bleeding surface. This is the only situation throughout the whole disease where there is any tendency to ulceration.

The upper eyelid of right eye is drawn up and the lower one downwards by cicatricial tissue. She is unable to shut the eye. The part of the face involved has a dark, reddish colour, dry and partly covered by scales. On looking closely one can see between the red patches white lines of cicatricial tissue.

On the left cheek, near the diseased border, there exist in the healthy skin three congested points, about the size of pinheads or a little larger. They are not elevated, and very slightly indurated. They are an example of the way in which the disease commences.

On the right breast there is a small diseased patch. Here the nodules are mostly discrete elevated bluish red papules, covered with scales.

*Family History.*—Patient has three brothers and one sister. They are quite healthy. There is no history of hereditary disease in the family. Patient was a healthy child. When seven years of age had whooping cough and measles. When her