

a medical man being called in when he was dying, to save appearances, and take the responsibility off her shoulders. Vaccinated.

It also came to my knowledge that a girl, aged 11, a passenger by the steamer so often referred to, and living next door to the house from which No. 12 had been removed, had been ill for some time with an eruptive disease. On calling, I found her recovering from confluent. The people of the adjoining houses had intermingled, and hence No. 12's illness. No. 21 had visited the house while the girl was sick, and doubtless had been then infected. I have placed this patient as No. 11, the nearest I could conjecture as to her proper position. Girl not vaccinated.

19. Nov. 16. A married man, aged 25, admitted from Clyde Street, in the third day of confluent. He was a passenger in the same steamer as Nos. 1, 4, and 11. By the 21st the eruption assumed the dark purple colour so indicative of the malignant form. The pulse was bounding, and 112. Next day fluids returned by the nostrils. The thermometer in the fork gave 102.5. He died on the 23rd. Said to have been vaccinated when young, but the cicatrix was barely visible.

20. Nov. 18. A man, aged 40, admitted from the boarding-house of No. 5. When seen before admission there was one peculiarity that I do not remember having observed in any other case. There were numerous miliary vesicles on the forehead, but in continuous transverse lines, not in patches, or dotted irregularly, as they usually are. He had semi-confluent varioloid. Vaccinated.

21. Nov. 20. A married man of 28, admitted from Grog Lane, with varioloid. Vaccinated.

22. Nov. 22. A married man, aged 30, admitted from Yonge Street, in second day of semi-confluent varioloid. On the 24th the pulse was 80 and very small. On the 25th 100, but not quite so feeble, and next day 104. The thermometer gave 100.6 in the fork. On 27th the pulse was 108: thermometer 100. These particulars are given to show how variable the pulse is in cases of severe varioloid; and that, too, notwithstanding stimulants may be freely employed, as they were in this instance. Vaccinated.

23. Nov. 28. A boy, aged 4 years, son of the caretaker of the hospital, and residing there, was feverish during the preceding two days, and had most offensive diarrhoea. This morning I detected one single small vesicle on his forehead, but during the day a plentiful crop, denoting confluent, made its appearance. He had been vaccinated two and a-half years before by one of the public vaccinators, and had two shallow and imperfect-looking cicatrices

on the left arm. From the severity of the attack after so recent a vaccination, I think he must have been vaccinated from a crust of a re-vaccinated person, as the crust and lymph from a re-vaccinated party seldom afford more than an ephemeral protection. On the 29th his pulse was 130, and fair, and the same on the 30th. On 1st Dec. it was 128; 2nd, 124; 3rd, 130; 4th, same in number but smaller, it having been pretty fair up to that day. On 5th it was 144, and scarcely perceptible, with delirium, jactitation, painful and difficult deglutition, and short, catching respiration. Owing to his restlessness, a proper examination of the chest could not be made; but, from what little could be learnt, I felt satisfied that the case was complicated with broncho-pneumonia. Mucous râles were present throughout the upper part of the lungs; the smaller bronchi seemed impervious, and the lower and posterior portions occluded.

Here permit me to observe that where passive congestion sets in previous to the appearance of the eruption in perfectly confluent cases, I have found that they invariably terminate fatally. I do not know whether this has been the experience of others who have had much to do with the disease. From what I have seen, I feel disposed to put them down as truly malignant, and think I would not be altogether unwarranted in so doing. A fatal issue has generally supervened when this form of congestion has followed the appearance of the eruption in badly confluent cases. The blood, highly charged with the virus, seems to course very slowly through the vessels, and gradually to fill up the capillaries of the lungs. Position has little, if anything, to do with the production of this condition. I trust I may be excused if prominence is given to a case like this, it being typical of the worst form of confluent, complicated with broncho-pneumonia, and in all probability ulceration of the pharynx and the superior border of the larynx. This pharyngo-laryngeal trouble, however, may be thought somewhat hypothetical. Dry statistical details are not always interesting; and, in a subject like that treated of in this paper, would not be highly entertaining or instructive.

The treatment adopted in this case was: T. catechu and T. opii camph. with syrup and water, to check the diarrhoea; brandy; potass. chloras, with T. Card Co., glycerine and water. Later on, carbonate of ammonia with glycerine and water; and grains 1½ Dover's powder to procure rest. Hot baths, with carbolic acid. The room was kept at 70° Fah.; the upper sashes of the windows lowered, so that as much of the impure air as could be got rid of might escape and its place be supplied by pure. No window-curtains are used in the hospital. In