A

CASE OF SCLEREMA ADULTORUM.

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As the following case appears to me both rare and interesting, I am induced to offer it for the consideration of the Society.

E. K—, the subject of the present communication, is now some forty years of age. She is a married woman. Her circumstances are moderately easy, her hygienic conditions good; her habits are wholly domestic. She may be said to belong to the lower trading class.

The patient was first seen by me in the autumn of the year 1875. My attention was then drawn to large dark patches which she had upon the thigh, and also, as I afterwards found, on other parts of the body.

She had then recently returned from the seaside with irritation and cedema, which was attributed to the moisture and inclemency of the coast. The cedema reached half way up the leg, being moderate in amount and pretty

firm ; it was attended with some stiffness and smarting in the feet and hands, spoken of generally as "inflammation."

The patient is of medium stature, of late years inclined to fulness of figure. She is a rather dusky brunette, without admixture, so far as could be ascertained, of foreign blood. Married early in life, she is the mother of several children.

As cause of her complaint she assigns a mental shock received when six months pregnant. This happened about four years ago. Her previous health had been always good ; but since this event she has become a chronic invalid.

The stains or patches were about thirty in number, varying in size from a shilling to three or four inches in diameter. They might have covered a twelfth or perhaps a sixteenth part of the body. Their figure was mostly oblong or rather square ; generally they were dark and hard. A duller shade was found at their circumference, and near and about them the skin appeared to be darker. As to outline the patches were tolerably distinct. Where pigment is naturally abundant, in the nipples, lower belly, &c., all such regions were abnormally stained, but no heaviness of aspect clouded the face, no dark circle surrounded the eyes, which were indeed of a natural liveliness. The expression was cheerful and fresh ; the complexion moderately clear, and the hair, though black was neither dull nor coarse.

As to colour, the patches exhibited a great variety of tint—dark brown, autumn leaf, purple, lilac, red, light brown, yellow, lemon, and flesh colour ; one might even add white, but with much of a yellow tinge. A dark colour generally predominated, but with some intermixture of red. In many there was found a distinction between the circumferential and the enclosed portion ; the latter was sometimes very sensibly depressed, that is to say, to the extent of half an inch and more, but estimated as very much deeper by the patient.

Two principal patches were situated on the outer and upper part of the right thigh. These, indeed, were the first discovered, and were also among the last to disappear. In the larger of the two patches the central portion was more yellow, while the circumference was of the darkest shade of brown and was also exceedingly hard. The enclosed portion was extensive and much depressed. It was more than two inches long by an inch and a half broad, and the depression was certainly greater than half an inch. Nowhere was it more sunken than at the upper part, where it was bounded by an abrupt and overhanging edge of black or dark brown colour. The surface was coarse and glazed like the rind of bacon or a piece of old parchment stretched.

In this patch the outline was unbroken; the one above it displayed at the edge some short radiations, agreeing in this feature with the "keloid" of Addison.

It may be further said of these patches generally that they were the seat of anæsthesia, of hardness, of pruritus, and of a painful tightness or constriction; less generally, and quite unequally, they were accompanied with tenderness and pain.

The anæsthesia, unmistakeable throughout, was more marked, or at least very strongly marked in the early period of the complaint: the patches then felt dead and numbed, and scratching them, even to the point of laceration, produced no notable sensation or protest on the part of the patient. When this condition had subsided and local tenderness or simply a pruritus ensued, the hopes of the patient revived; she looked forward to amendment and cure. It must be said, however, that in the course of the disorder a degree of anæsthesia has been present all along, not only local but also general. Her movements becoming clumsy, she often received a bruise, and when the injured part was painful she derived some hope from this as indicating improved sensation; her natural feeling, she thought, was coming back to her.

In like manner with the anæsthesia, what was felt of

pain came early. In the upper and outer part of the thigh it was mistaken for sciatica and accompanied with the troublesome numbness, it hindered motion and progression. It was over the painful spots that the dark patches speedily appeared. The development of other patches, it would seem, was not attended with the same kind or the same amount of pain.

In the course of the complaint some such suffering as attends on gout and rheumatism was never entirely absent, due in great part, no doubt, to tension of tissue. With the exception of a dragging on the hamstring tendons this was not intolerable. On the other hand, as the disorder proceeded certain indefinite pains arose. They were described as resembling the effects of searing with a hot iron and as a painful trickling in the flesh; besides these, dartings and stabbing pains, occasionally transient and of short duration, at other times more constant and obscure, were experienced. They seemed to anticipate the sclerosis, with its other accompanying features, as impaired sensibility, &c.; I remarked this particularly in the chest.

A very principal feature in the case is the incessant pruritus; it has attended the complaint throughout, and has never been absent for longer than two days, but raging with unequal intensity. It comes on suddenly and intensely, it increases towards bedtime, and in the course of the night it arouses her from the deepest slumber. It is heightened by contact with water and also by cloudy weather.

The hardness in the patches was considerable; they were described as being "hard as a board." When subjected to friction by the hand there was no sensation in the part, and a subcutaneous core-like thickening might be felt as rolling under the palm.

The constriction was not much noticed at first, though a tightness over the stomach was complained of, and a certain amount of stiffness in the extremities; the constriction, indeed, was more developed at a subsequent stage of the complaint.

As to locality, these stains were more on the anterior than on the posterior aspect of the body, more on the lower than on the upper limbs, pretty equally distributed on either side, but slightly more numerous on the right. On the upper regions of the thighs they were numerous and extensive, and it might be suggested they lay pretty nearly on a level with the genital organs, which are subject, as is well known, to accumulation and also to displacement of pigment during the process of child-bearing.

A patch may be noticed on one breast which was not seen till a week after confinement, when it was found to be quite hard and black. There are two patches just beneath the breasts, two in the front of the neck, one at the angle of the right scapula, all secondary in point of size. There are two large patches at the bend of the waist on either side, the borders being furnished with apparent thongs or tongue-like projections distinct enough in colour, but not sensibly raised above the level of the skin. These prolongations would appear to be concerned in the painful constriction of the corresponding parts. There are two other patches that lie a little lower than the waist. There are large patches upon the thighs, on the outside and inside alike; there is one over either tibia large and symmetrical, extending lengthwise on the whole front of the leg, in colour, so far as the interior space is concerned, of a yellowish white, resembling the bone handle of a worn-out table knife, the frame or surrounding portion being of a delicate flesh colour. On the left leg there is a large spot with something of a vermilion hue. On the left arm and right knee are small patches which in their totality are depressed, admitting the end of a finger or thumb. The others call for no remark. In none of these was there scurf or exfoliation of any kind, nor did they lead to the formation of a scar. The surface, if glazed, was always dry, though elsewhere perspiration was remarkably free. Sebaceous matter was nowhere highly abundant.

I must not omit to mention the œdema which appeared

at this particular phase of the malady. In the summer of the year 1875 the patient went to Great Yarmouth for improvement of her health. She found the weather and climate alike uncongenial, and experienced nothing but discomfort at the seaside. She says that this visit "brought out" the complaint. With œdema of the leg I discovered a pasty feeling present in the trunk, which also pitted when pressed with the finger. The indentation was remarkably white and slow to resume its colour; an elastic worn round the arm betrayed the same condition existing there, and soon there appeared for a time a puffiness in the hand. These symptoms contrast strongly with subsequent conditions. By the next spring all œdema had disappeared, but so long as it remained it was accompanied with tenderness: she was propped at this time with pillows on her chair. Even up to this date she shared in the household management, but in peeling a potato she could not feel it as held between her fingers; she could not sew or pick up a pin. It may be observed that the patient had naturally an arm of comely shape, full and round above and tapering below; both arms kept their colour pretty well, but now there commenced in these parts certain linear irregularities and nodular projections, with subcutaneous thickenings, especially in the left limb.

Here, indeed, is the place to speak of a great change which with advance of the disorder and synchronously with the disappearance of the œdema took place during the winter months and during the spring of the year 1876; that is to say, with disappearance of the œdema and of much subcutaneous tissue, the hardness and discoloration of the patches became diffused, while the depressed portions of the skin were raised. The last to remain defined was the large patch on the left side of the waist. The change occurred with loss of adipose and other tissue to the amount of not less than two stone, a result to which the medicines taken may in minor degree have contributed. In fine, the patches, no longer localised, communicated their qualities to the entire surface; they disappeared insensibly though

unequally, and the whole skin became in a manner sclerosed; the hardness mounted towards the chest and neck, and only the head escaped. The symptoms hitherto displayed, whether we speak of them as morphœa or as keloid, gave place to a diffused and general sclerema—the so-called sclerema of Thirial.

The patient became very dark, especially below the waist and in the extremities. In depth of colour the skin resembled that of a negress, or one of the darkest races: but the staining was otherwise than uniform: in the darkest parts there were yet darker portions interposed. Thus, in spite of glossiness of surface the aspect was singularly disagreeable, and the well-washed integument was always spoken of by her as being dirty.

The locality of the joints was early indicated by an increased depth of tint; the neighbourhood of the coxal articulation was shown externally by a huge black stain. In the course of the limbs there were superadditions to, and renewals of colour in the form of markings and blots; there were smudges and alternations in the tint as of brown and yellow-ochre side by side, crowded together, and but slightly blended. The skin is thus varied and unequal, and though the *ensemble* is very black, it is broken with dingy shades of red, purple, or green.

The intensity of the disease having passed to the extremities, the constriction at these parts was very notable. They acquired an unyielding and contracted appearance, being at the same time dark and attenuated. The legs in losing their shape became literally hard as boards, and as to colour were often compared with mahogany. The arms, too, were crippled and drawn up, according to the expression of the patient they “felt as if carried in a sling.” She cannot straighten her legs in bed, and feels them jerked and pulled on by the hamstring muscles with exceeding discomfort and pain. When she wakes in the morning they feel “just like logs of wood.” If her hand is not covered by the bed-clothes “it sets cold, stiff, and numbed, just like the hand of a corpse.” This condition extends up

the limb, and is only recovered from late in the day. In the fingers there is neither feeling nor use, there is pain in the muscles and bones, the tendons are shortened, the aponeuroses apparently contracted, the belly of the muscles is warped and hard, their edges are felt tense and strained; the joints are painful and limited in their play; they are hard but rather broad and square, owing to the tension. The pulse at the wrist cannot be reached, the joint itself is stiff and straight, pronation is impossible. The fingers are fixed in a semiflexed position. Where strained by bony projections and apophyses the skin over the joints, which is otherwise exceedingly dark, displays the clearest white and seems as if soon it would burst. With this condition the soles of the feet and palms of the hands are altogether of a lighter shade, precisely as obtains with the negro race.

It need scarce be said that to pinch the skin or to raise it in a fold is impossible: the natural lines of the integument are lost.

In the upper part of the limbs the constriction is not so tense, and still more does this hold good of the trunk, which on palpation appears pretty soft; the patient still preserves some embonpoint, the colour also is here less dark, being mostly bronze or tawny, especially in the upper part of the body; both these qualities, however, are modified with advance of the disease; the colour seems generally proportionate to the constriction, and as if dependent upon it, nor do I find them dissociated. A sensation of tightness affects the abdomen, and also the thighs and hips, but nowhere causing such distress as is experienced over the stomach and around the waist—a condition not easy to be explained. “She feels,” she says at times, “as if she should burst.” Such discomfort is only transient. When the sclerema had ascended to the neck this feeling was superseded, as it would appear, by recurrent attacks of dyspnœa.

One may remark a mobile or shifting character in this complaint, an alternation and inequality in its incidence,

particularly as regards the limbs. Thus, the left arm began to be affected before the right, the legs are of unequal length owing to the inequality of the contraction. When the arms were most affected the legs were somewhat improved. Thus, though all parts seem to suffer, it is not simultaneously, or with a like amount of intensity. One may say, however, that the right side is still somewhat the worse, and it was also the first affected. As yet the head seems to be spared. This changeful character in the complaint is much remarked upon by the patient. It is well seen in the dark patch upon the thigh; the central portion, which was light in colour and also much depressed, is now on a level with the surface, and has become of the very darkest shade, appearing as a huge black blot. On the other hand, the black rim that encircled it, which for hardness might have been compared to a collar of brawn, is now a flat pale ring about half an inch in breadth, level with the surface, and of a light yellow hue. The distribution of colour is precisely reversed, and the same is true of the seat of the induration.

From observations I was enabled to make at this period of the complaint, and notably in the spring and summer of the year 1876, I became aware of its tubercular character, for which I was not at all prepared. My observations were chiefly made on the left arm, as at that time most open to inspection, and what I perceived was this:—Under influences not well ascertained, but of which weather was evidently the chief, there arose certain tubercles, some of them deep in the tissues, some immediately under the skin, some in the substance of the derm, being sessile and superficial.

They are called variously “knots,” “kernels,” and “lumps” by the patient; they are not confined to the limbs, and they imply activity and advance of the disorder. As observed by me they approached the surface from the deeper parts, and pushed the skin a little before them; they came with throbbing and pain; very commonly they were of the size of a nut, and the skin over

them was black and stretched; the centres sometimes exhibiting an absence of pigment on the surface. They throw out lengthwise on a limb, or they ultimately produce a corresponding black smudgy discoloration which persists as a stain, more deep in hue perhaps as it contracts in size. In a word, the tubercles as they subside are commonly followed by a stain. On the invasion of these tubercles the darkness of the region is intensified, as is well seen in the dark colour round the joints, which on their approach assumes a deeper shade. In this way, or partly thus, as it appears to me, the dark colour has become diffused.

There was a regular succession of these tubercles. They came in every part, impeding motion and causing unrest; they appeared between the breasts, and the stays could not be worn; on the ribs, and they had to be fenced off with cotton wool; they came in the palm of the hand, in the ball of the thumb, the sole of the foot, or its edge, more perhaps on the flexor than on the extensor and supinator surfaces of the limbs. They may affect a linear disposition, not distinguished from the surrounding colour of the skin; of the size of a pea, they will counterfeit a syphilitic form, not circular in their arrangement, however, but straight; when subcutaneous they resemble very exactly a thickened absorbent or vein. Frequent and multiple on the limbs, upon the body they are larger and appear more rare, perhaps because less observable. The patient has affirmed that with the flat of the hand applied, as she moves in bed she feels them roll under the skin.

I am unable to assign a duration to these tubercles. I have seen some of them last a month, and others certainly for a much longer time. A few eminences like tonquin beans appear as sessile growths; they come, and fade away very slowly. Somewhat later I have seen ridges that broke up into tubercles longitudinally and diagonally disposed, and after this, superficial striæ formed, multitudinous, and arranged in every possible direction in the arms, legs, and inside of the thighs. The integrity of

the skin was subsequently ill maintained. There ensued a sort of sudamina or eczematous exudation, with an occasional bulla, pouring out an ill-smelling fluid; a condition which only lasted ten days, and which has only been feebly recurrent. In this I hoped to find a turning point in the disorder, and the tension was, indeed, temporarily relieved. Here and there ensued a nacreous scar of the size of a walnut, of contracted and irregular shape; the limbs have since settled down into a fixed, crippled, and attenuated form.

Somewhat later at the close of the year I had to notice the occurrence of leucasmic and carbonaceous puncta, especially on the thighs and trunk, and of an irregular shagreen appearance in some portions of the skin, the summits of the small eminences being tipped with a pearly white. Large dark patches somewhat resembled gangrene with this leucasmic intermixture; finally, I had to observe, chiefly in the limbs, a condition of the epidermis, which simulated dirty limewash or whitewash on a wall; when scratched with the nail there was made a clear white chalk-like line or tracing upon a dark ground. This is seen alike in the darker and lighter portions of the limb, but it is not possible to remove this surface by washing, and the scraping of the dark portions would only serve to make a wound, the epiderm, though thus dry, being normally adherent. The result is even a dirtier appearance than before. The neck is now sclerosed and discolored within the limit of a dark red line on the level of the inferior maxilla. Some large tubercles are felt in front of the chest. The upper part of the body, the face excepted, is of deep yellow tinge, and free from any appearance of desquamation, the hands are generally free or freed from scale, and have a rosy transparent appearance.

The complaint is alleviated by warmth and also by food; it is aggravated by abstinence and cold. The patient is very much better after a full meal. With returning perspiration in a part she feels assured of its

amendment. The face and head remaining free from sclerema, the perspiration of this region is excessive, large drops rolling off the face at night and soaking the pillows with wet. Under agitation and exertion this secretion is much increased. The feet and hands at the present date perspire freely, as well as the back and axillæ; and it appears as if these parts did the whole of the perspiratory work.

The circulation of the patient has seemed from the first rather wanting in force; the pulse at the temple is exceedingly feeble.¹ The functions of organic life appear otherwise to be little affected. Fever and anorexia are exceedingly rare, and of quite exceptional occurrence. She sleeps moderately well. The tongue has always been clean and unrelaxed, but generally pale. The bodily temperature in a warm room and with a perspiring skin is moderately high. In the armpit 37.5° Cent.; in the feet 29.5° Cent.; in the hands 33° Cent., with one degree of difference between the feet and knees. The muscular irritability as tested by Faradaic electricity was remarkably defective, requiring a very strong current to produce recognisable contractions of the muscle; the effect did not exactly correspond to expectation or to existing intensity of the sclerema.²

¹ In a sitting posture, as ascertained by means of the stethoscope, the pulsations have been 90 to 95 or more; the excitable character of the patient has served to modify this computation.

² I was happy to avail myself of the experience of Mr. William Sedgwick, in the application of the Faradaic current, the more as he had seen the patient with me previously, and his well-known published case of keloid gave him an interest in the subject. It was found that muscular irritability in the right arm was greatly reduced, and still more so in the left. It was very little to be detected in the right leg, while in the left leg it was entirely abolished. These results were very decided. I was deterred from repeating the application by the pains which followed it. These continued for some days, and were of the same nature as those already instanced, viz. burning with a hot iron and recurrent stabbing pains in various parts of the body and limbs, more, perhaps, in the legs than in the arms. I am also indebted to Mr. William Sedgwick for the recognition that these pains were not dissimilar to those that are found in progressive motor ataxy. The precise relation of these

The action of the bowels was moderate; of late more liable to be acted on by diluents as beef tea, and especially by the compound decoction of sarsaparilla which purged her violently. The urine was sometimes scanty, generally high coloured and thick with lithates, and not unfrequently dark like strong tea or rather a thin weak coffee. The catamenia were scanty and pale, more than once like dirty water. The constitutional habit is bilious and nervous; the family history is disadvantageous, on the father's side bronchitis and consumption, on the mother's asthma and dropsy. There was no history of rheumatism and gout: before marriage she worked in a very hot laundry, and conjectures it may have impaired her constitution.¹

The complaint is unhesitatingly attributed to a fright on hearing that one of her children had fallen out of the window. She was supposed to have hurt herself in swooning, and got about painfully and clingingly up to the date of her confinement. In parturition she could not shift herself and had to be lifted from side to side; the accoucheur inquiring about paralysis in her family. In the act of parturition the brown patches were discovered and were then mistaken for bruises. She rubbed the places with warm oils. She suckled the child a year, but could not carry it, nor could she move along the street. Finally, being threatened with dropsy (œdema), her mother's complaint, she was induced to apply to me.

A very remarkable feature is the extreme sensibility to cold, and more especially to damp or contact with anything wet. She anticipates by her suffering every turn of the weather in that direction. In no other patient have I observed an equal sensitiveness. A dirty rainy day

pains to local tenderness, sclerosis, and impaired sensibility in given areas, though made the subject of attentive consideration by us, I deem too uncertain and too little confirmed to be here insisted on.

¹ As to complexion, her father as well as her husband were very dark. Not all of her mother's family are dark. Her eight children, all girls, are fresh looking, and inclining but slightly to a dark shade. Two have rachitis and one torticollis. The patient has two black moles on the bosom, about the size of a pea, but the daughters are not remarkable for moles.

is most trying. She is then quite beside herself with pruritus and feels "oh ! so stiff in joint and limb." At such times the stiffness affects the face, and it has seemed to spread under impulsion of this cause. A dry March wind afflicts her less than rain and damp in summer ; but sitting in a draught or a moderate degree of cold will make her powerless. No decline, however or retrocession of her complaint has been remarked in the summer season. The use of steam vapour has been attended with some present relief, but after having been long employed for the arms, it had to be abandoned ; they were found to be stiffer afterwards and were at times afflicted with sudden and violent twitchings. The contact of water has always been followed by distress. The daily ablutions were a source of extreme discomfort ; causing stiffness and an icy coldness, after which come smarting and a most terrible and continuing pruritus ; at such time the limb will sometimes take a shade of green. At the seaside she could not walk on the wet sand ; the spray of the sea was quite a terror to her as the source of intolerable suffering, and the smarting produced was past description.

A remark has been made by those about her, which is also in accordance with my experience—that the colour varies in intensity from interval to interval of visit, and even from day to day. There is no pungency of smell about the patient, but a sickly odour is discoverable like that of an unwashed baby.

I must not omit to instance as a prominent feature of this complaint, the existence of those crackling sounds in the joints which are held to be characteristic of rheumatic gout.

Of remedies employed I found that tonics generally disagreed ; this was peculiarly the case with iron, which caused headache and increased sclerema ; arsenic could not be long taken ; and quinine generally disagreed. The only medicines from which she has experienced decided relief are those which act on the liver and kidneys, principally Bayley's pill (Pil. Hydr., Pulv. Scill. et Digit.) and colchicum ;

the former I have given rather freely ; but my present inclination is to dispense with medicine as much as possible. The patient has a liberal supply of food and at least half a bottle of thin claret daily ; for dyspnœa she is supplied with æther and is allowed a trifling portion of spirits.

APPENDIX.

In order to continue the history of this interesting case as far as possible in this communication, I have thought it desirable to add the following :—The condition of the patient as to physical power has been feebler than at the beginning of the year, and occasionally her sleep has suffered and her appetite has seemed altogether to fail. She has now kept her bedroom seven months. During that period there has been seen an increase of the cuticular condition already spoken of as resembling dirty limewash and more especially of late a very great increase of the dyspnœa which from its intermittence would seem rather of a spasmodic character than dependent on any internal organic change ; it is not accounted for by any physical signs.

The hands remain fresh-looking, rosy, and pink. The colour of the lower part of the body is slightly improved, being mostly of a deep brownish-yellow shade. Of open lesion there is nothing more than a low inflammatory desquamation at the root of the thumb, and over one of the ankles a honeycombed abrasion or trifling wound.

The temperature at present (July) is fairly high, but without pyrexia, and accompanied with a fair amount of perspiration, increased in the armpit, feet, and elsewhere, but considerably diminished in the face. I measured recently in the mouth 37° Centigrade, armpit 37° , palm 34° , feet 30° . The pulse ranges from 100° to 104° , being somewhat higher than at an earlier date. It is true she has passed through a season of anxiety, principally from recurrence of dyspnœa,

which occasioned very great distress by frequent paroxysms, and with it there was sleeplessness, failing strength, and anorexia. These paroxysms ceased suddenly as if with change of weather and have rarely recurred. The sclerema has now extended to the face and is constantly present, but gives no inconvenience; in advance of the masseter on either side there is seen a marked depression, not permanent, but occurring alternately first on one side and then on the other. The tubercles are no longer produced on the extremities, but there remain two large subcutaneous knots anteriorly in the region of the waist. The legs and lower part of the body are still very dark, the neck is brawny and firm. Over the back and shoulders there is an extensive leucasmic interlacement which diversifies the yellow or bronze colour; this denotes here, as elsewhere, an advanced stage of the complaint. The condition of epidermis hitherto spoken of as limewash or dirty white-wash has much augmented on the limbs, and especially on the forearms and legs. As a last word, we may speak of it as tending to decline.

The legs and forearms have undergone almost complete muscular atrophy, and present a withered aspect when contrasted with the thighs and upper arms, as the following measurement will show. Around the middle of the thigh $16\frac{1}{2}$ inches, calf $10\frac{3}{4}$ in., instep $9\frac{1}{2}$ in., ankle $7\frac{1}{2}$ in. Round the arm 12 in., forearm $8\frac{1}{2}$ in., wrist $6\frac{1}{8}$ in. The fingers and wrists are completely fixed, and the movements of pronation and supination are no longer possible. The right elbow is as if ankylosed at a right angle, but still admits of a very slight amount of flexion. The left joint is capable of a little more movement. The knuckles are extremely curved, tense, and to all appearance irrecoverably fixed. The fingers are shining and somewhat rosy, and except as above stated show no tendency to desquamation. The nails continue strong, the hair shows no weakness, the eyebrows exhibit no change.

Besides the large nacreous cicatrices already mentioned as resulting from exudation of a prior date, there are now

seen others of a more superficial character, in size and figure not unlike vaccine marks when these are not deep, and have besides a punctated surface. These also denote the seat of previous exudation. Such scars are very noticeable on the fleshy part of the arm below the shoulder on the right side. They are here found in a group, but are not so obvious elsewhere.

One cannot but remark that both in the dyspnoea and in the limewash character of the epidermis there is an approach to leprosy, which is also exhibited in some other symptoms, as the extreme sensitiveness to weather, the leucasmus, &c. The sclerema is so far general that only the scalp and forehead have escaped. It is to be observed, however, that as yet there is no increase of pigment in the face, the appearance of which is almost normal, nor is the induration here of such amount as to interfere with labial pronunciation. The buccal cavity and vulva seem in no degree affected; the axilla and groin are softer than the surrounding parts, but have participated in the sclerema. The disease has spread from separate centres, and its early limitation by defining lines was conspicuous enough. There is at the present time a lull in the more prominent symptoms and a tendency to restoration of the normal colour, and this is especially seen in the arms; and these facts, taken with the absence of increased pigment above and a minor degree of induration in the face, afford a hope that the disease has met with an arrest. As yet I know of no instance where the whole surface has been affected as is threatened in the present case.