The rarity of affections of the crura cerebri makes it desirable that every case should be recorded. The diagnosis of crural hæmorrhage seems to depend mainly upon the presence of paralysis of the third nerve on the side of the lesion with partial or complete paralysis of motion, and sensation of the limbs and face on the opposite side. Such were the conditions in Dr. Weber's case, the best recorded case of the kind, given in his Remarks on hæmorrhage into the crura, in the *Medico-Chirurgical Transactions* for 1863.

The symptoms would naturally be modified by the part of the crus affected. In Weber's case, it was the crust of the left crus which was the seat of the hæmorrhage; there was paralysis of the third nerve on the left side, and the paralysis of the limbs and face on the right side was complete as to motion, partial as to sensation. In the above case, the hæmorrhage was into the tegmentum of both crura, extending on the right side down to the locus niger, the paralysis of motion, as was to be expected, was partial, amounting to double ptosis, and slight loss of power in the left limbs and face; the acuteness of sensation of the left side was somewhat diminished. The case shows that, in crural hæmorrhage, the levator palpebræ may be paralysed, while the other muscles supplied by the third nerve may be unaffected.

ACUTE RHEUMATISM WITH ENDOCARDITIS; PARTURITION: RECOVERY.

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R. F., aged 32, married, came under my care in July, 1883, with pain in the joints. She was a dark-haired woman, and was about eight and a half months pregnant with her first child.

On my first visit she was lying propped up in bed, in evident pain, having been ill three days. Her condition was then as follows. The right wrist was red and swollen, and contained fluid. She could not move the left arm for pain, and could not bear the hand touched; the second and third metacarpophalangeal joints were red and swollen with fluid. Both knees and both ankles were swollen, and fluctuation could be made out in all. The temperature was 103° Fahr. at 4 P.M., the pulse 140. She was perspiring freely; there was no cardiac murmur. Ten grains of salicylate of soda were ordered to be taken every hour for four hours, and then every two hours; and cotton-wool was wrapped round the joints, and placed over the cardiac region.

Two days of this treatment produced a very good effect; for, though the left shoulder became affected, the patient was very much easier, and was able to sleep a little at night. The temperature fell to 100° Fahr., and the pulse was 112.

On July 20th, the fifth day of illness, some giddiness was complained of after the medicine, which was, therefore, only given every three hours that day, and the interval was increased to six hours the next day.

On July 23rd, the eighth day of illness, at noon she had no pain. The bowels were open after castor-oil. Temperature 100.2°; pulse 96, very irregular and weak. The urine contained albumen. There was slight roughness with the first cardiac sound as heard at the apex. The salicylate of soda was discontinued, and half an ounce of brandy ordered to be given four times in the twenty-four hours.

On July 24th, the patient felt better; the pulse at 1 P.M. was 90, and much steadier and stronger; the temperature was 98° Fahr. On auscultation of the heart, a presystolic murmur was heard at the apex.

On the 25th, the murmur was very well marked; the temperature was only 99° at 3 P.M., and the pulse (88) strong and regular. The urine was free from albumen.

On the 26th, labour-pains came on about 5 A.M., and continued all day. The joints were still painful, especially the knees. The murmur was loud and high pitched; temperature 99°, pulse 86, fairly good, at 11 A.M. The patient was delivered at 10.30 P.M. The labour was, I was informed, not particularly difficult, but the patient became very faint. The child, a girl, was healthy.

The following day, the 27th, the patient felt much better as far as the pain in the joints was concerned (the nurse said the rheumatism seemed to go all at once), but complained of very sharp pain over the cardiac region. Temperature 100.8° at 4 P.M.; pulse very irregular.

On July 28th, the patient was much better; a belladonna plaster had relieved the pain over the heart; temperature 101.4° (3.30 P.M.), pulse still very irregular.

On August 1st, the pulse was regular, but very quick—120. Temperature 101°, at noon. The cardiac murmur was distinct, and higher in pitch.

On August 3rd, in the evening, the left shoulder was painful, and

the patient was much emaciated. The heart-murmur was distinct, and was heard up the sternum, and between the shoulders. There was heaving pulsation felt over the heart; temperature 102°, pulse 128 (intermittent). When she lay down quickly there was considerable cardiac dyspnoea.

On August 8th, the temperature in the evening was 104° Fahr., after two rigors during the day, which was accounted for by tenderness and induration in the left breast. Examination of the heart showed the apex-murmur to be less distinct, but a loud systolic *bruit* was heard at the base, and conducted up to the aortic cartilage, and was also heard over the pulmonary cartilage.

By the 12th, the fear of suppuration in the breast had passed, and the temperature was down to 99.8°. The patient was in every respect much better. The lochia, which at first had been very scanty and offensive, were now more abundant and high-coloured; on the 13th, their quantity had diminished. On the 15th, both heart-murmurs were much less distinct, and the patient was taking solid food. She was sitting up for the first time on the 22nd. On August 31st, the murmurs were almost inaudible; temperature 98.8°, pulse 84; and the patient was described as feeling well, and having a good appetite.

By September 17th, fifty-five days (nearly eight weeks) after the first appearance of a murmur, and fifty-three days after her confinement, there were no heart-murmurs audible. The baby was healthy and well, having completely recovered from an attack of ophthalmia neonatorum.

I had another opportunity of seeing the patient in April, 1884, when I was able to satisfy myself of the undamaged state of the heart. There were no murmurs, and the sounds were loud and clear.

REMARKS.—There are several points of interest in this case, apart from its satisfactory termination. Although this was the first confinement, the delivery of the child was not attended with any great difficulty, notwithstanding that the condition of the joints was such as to cause pain on the least attempt at movement.

Any attack of acute rheumatism causes anxiety as to the ultimate effect on the heart, however satisfactory the conditions under which we are able to keep our patient; and we are accustomed to enjoin perfect rest, and avoidance of the least exertion which might throw extra work on that organ. In the above case, parturition occurred while the inflammatory condition of the endocardium was active, and there was fear lest the severe strain on the heart might increase the mischief.

Before labour came on, there was some transient albuminuria, which may be referred rather to the pregnancy than to the rheumatism. After the confinement, the rheumatic pains were lost or forgotten, but sharp pain over the cardiac region showed that the extra work had not been without effect on the injured heart.

The subsequent history of the case is one of gradual but steady improvement, broken only by a threatening of milk-abscess in one breast, which was fortunately averted. It is noticeable that the stages of convalescence after delivery were later than is usual in normal confinement. The temperature, which usually falls about the fourth to the eighth day, was persistently above 101° Fahr. for more than a fortnight after delivery, the febrile period being further prolonged, by the inflammation of the breast, from the thirteenth to the seventeenth day.

The systolic murmur, which was heard over the base of the heart, was probably of hæmic origin, and not dependent on organic changes in the valves.

The effect of salicylate of soda in this, as in every case of acute rheumatism in which I have used it, was satisfactory in reducing the temperature, and relieving the pain; and, though it may not have shortened the illness, it enabled the puerperal complication which followed to be treated under more satisfactory conditions.

ON WASH-LEATHER SKIN.

By P. H. EMERSON, B.A., M.B. Cantab., Southwold, Suffolk.

IN the BRITISH MEDICAL JOURNAL for March 8th, 1879, Dr. David Ferrier first recorded a peculiar condition of the skin, in which certain metals marked it with black lines; this condition he termed "wash-leather skin." Dr. Ferrier tried numerous experiments with a view to discovering the cause of this phenomenon, and he came to the conclusion that "it would appear that, though the property of taking on metallic markings belongs to the skin, to a greater or less extent, in the healthy state, yet in certain conditions, especially in that of œdema, which may not be otherwise evident, this property is greatly intensified, and may be of some diagnostic value." With a view of eliciting any new facts, I observed fifty cases in the wards of King's College Hospital, a table of which I append. It will be seen that, since only fifty cases are recorded, there is a liability of error, which,