gentleman occupied in office duty from ten until four daily, aged 57, is troubled with pruriginous papules, distributed chiefly over the back of the trunk. The papules are of the kind which are felt rather than seen, and appear to be due to congestion and infiltration of the vascular coat of the follicles. His attention is attracted to the seat of the papules by itching; the finger detects a hardness, which is described as being under the skin; the part is scratched with the nails; and then an angular or square shaped excoriation remains, which dries up into a thin reddish scab. These spots make their appearance from time to time, but never exceed ten or twelve in number. Formerly he suffered from gout, but has had no symptoms of that complaint for four years. The gouty diathesis has for the time being been merged into the dartsous diathesis, and at present manifests itself as a simple prurigo such as I have now described. He was benefited very much by a tonic aperient treatment, and lotion of bitter almonds with hydrocyanic acid; but, not being entirely relieved at the end of a month, and his digestive functions being properly performed, I prescribed three minims of Fowler's solution three times a day, in my ferro-arsenical mixture.

Elephantiasis Græcorum, the Oriental Leprosy.—March 15th, 1871. A subaltern officer of the army, aged 43, a tall well built man, is afflicted with elephantiasis in its maculated stage. His face has a deep coppery-red hue; the trunk of the body and limbs are spotted all over with large round blotches an inch and a half to two inches in diameter, the pigmented surface being greater in extent than the sound skin. The blotches on the trunk of the body have a deep red brown hue, darkest in the centre, and fading at the circumference. But on the hips, thighs, and legs, the centre of the dark brown blotches is of a dead white colour, from loss of pigment; and these white areas are more or less completely anæsthetic. The skin has not as yet arrived at the tubercular stage, and probably may remain as an example of the anæsthetic form of the affection. The ulnar side of the forearms and two corresponding fingers are benumbed from partial paralysis of the ulnar nerve. The integument of this region is also deeply pigmented, and interspersed with white areas and a few cicatrices from slight ulceration. The feet, he says, are wholly unaffected. He has no constitutional symptoms of disordered health, with the exception of a burning flush in his face after taking food. He resided in India twenty-four years, and, shortly after his arrival there, had syphilis, followed by secondary symptoms. At different times, his regiment has been quartered in Madras, Bengal, the Malabar coast, and Lucknow. He was at the latter place when the disease first began, two years ago; and at present has returned to England. He has been married fifteen years, and has a family, but is wholly unaware of the nature of his disorder.

HIGH TEMPERATURE IN VARICELLA

By JAMES RAMSAY, M.A., M.D., York.

BEING called to see Miss M., a young lady, aged 15, living in a boarding school, on May 27th, I found her suffering from a smart attack of chicken-pox. She was confined to bed, feverish, and complaining of slight headache and nausea. On the face, arms, neck, and chest there was a mixed eruption of reddish papules and vesicles in different stages. The fully formed vesicles were about the size of split peas, semi-ovoid, with but slight areolæ, destitute of central depression, and contained perfectly limpid serum; on pricking one or two, they collapsed entirely. There was no eruption on the lips, tongue, or fauces, and no sore-throat. The tongue was coated with thick creamy fur; the appetite was suspended; the bowels confined. The urine was rather scanty and high coloured. The skin was very hot, but moist. The spots were most abundant on the face and neck. They had come out simultaneously over the parts mentioned. Malaise had been felt the day but one preceding my visit, and next morning the first crop of papules had appeared. A fresh crop had come out on the morning of the day of my visit. She had been revaccinated six weeks previously.

Having some doubts about the diagnosis between varicella vera and varioloid, I saw her again about 9 P.M. the same day. There was then little change in the state of the eruption. The pulse was 120 per minute; the temperature very high, being 103.8 deg. Fahr. in the left axilla. The face was considerably flushed. There was no cough or dyspnoea; the state of the chest was normal; and nothing of a local nature could be found in any way to explain the great general disturbance of the system. Next day the patient was better, but the temperature was still high, 100.5 deg. On the following morning it was 99 deg., and the day after it was normal. She continued quite well from that time.

After a careful investigation into the sources of infection, it was discovered that some children in a separate but adjacent house were suffering from chicken-pox; and no doubt infection had been brought thence by one of the servants, who had had intercourse with a domestic in the infected house. From the fact that few of Miss M.'s school-fellows had been revaccinated, I was at first in some doubt as to what course I should adopt with them; for it was some time before I was quite convinced of the nature of the case. I had at one time seriously contemplated the advisability of breaking up the school; but, as there were means of securing complete seclusion, I determined to wait. Any one who has been familiar with the perplexing appearances of modified small-pox, and the possibility of an outbreak of it in a house full of young ladies being taken into account, will quite understand the difficulty of my situation. The point which I venture to think of greatest interest, and which afforded me most anxiety, was the high range of temperature observed on the evening of the third day of the disease. Authors are, I think, hardly explicit enough, as a rule, in alluding to this point. Heberden, writing in 1802, even denies the presence of "fever" in varicella. Gregory, too (1843), calls it always "slight." Dr. Gee, in Reynolds's *System of Medicine*, speaks of it as being "mild." Aitken (*Practice of Physic*, vol. i) observes that "the fever may be severe for a few hours, but perhaps it never passes into a stage so severe as to have the tongue of a brown or coated appearance." Dr. Austin Flint, whose work on *Medicine* is most valuable as an exposition of observed clinical facts, describes it as "slight or wanting." Dr. West (*Diseases of Children*) writes that the fever is scarcely ever severe—sometimes altogether wanting. He has, however, sometimes seen children (who were teething actively at the time) suffer for twenty-four or thirty-six hours from febrile symptoms, quite as severe as those preceding the eruption of measles. Trousseau states that there are outbursts of fever, sometimes violent, for four or five nights, ceasing by day. The great mass of cases, of course, are attended with little general disturbance; but the one which I have described, though exceptional, shows us that even in a well grown subject, otherwise in perfect health up to the date of the attack, the temperature may be for a time sufficiently high to cause much hesitation in forming a diagnosis from varioloid, to which varicella frequently in other points bears a marked resemblance. The knowledge of the possibility of such a condition may be of service, and might prevent such an unfortunate mishap as the needless breaking up of a school; and I hope this consideration will be held to excuse the present notice of the subject.

I may add that the sister of Miss M. exhibited the appearances of varicella exactly fourteen days after the strict seclusion of the latter had been put in force. She went through a similar course without, however, any marked febrile symptoms.

CLINICAL MEMORANDA.

ATROPHY OF THE TONGUE.

HYPERTROPHY of the tongue is occasionally met with, and an interesting case of this kind, affecting only one-half of the organ, has been related by Dr. Graves (*Dub. Hos. Rep.*, iv, 43); but we have it on the authority of Mr. Holmes Coote (in Holmes's *System of Surgery*) that there is no well-authenticated instance of atrophy upon record. A case lately came under my notice which appeared to be one of unilateral atrophy of the tongue, but I hesitate to publish it, because the history is imperfect and no *post mortem* examination was allowed. It has led me, however, to search for other examples of a like kind, and my search only confirms Mr. Holmes Coote's statement with regard to the extreme rarity of this disease. I should be glad, therefore, to ask whether any of the readers of the JOURNAL have ever seen atrophy of the tongue, or can direct me to the history of such a case in medical literature.

Curzon Street, Mayfair, July 3rd, 1871. W. FAIRLIE CLARKE.

RARE LUXATION OF THE ANKLE-JOINT.

I HAVE read with interest in the JOURNAL of the 13th May the report of a case of "rare luxation of the ankle-joint" by Dr. Eames. About a year ago, I met with a case of similar injury.

Miss L., a stout middle-aged lady, while descending a hill suddenly slipped her foot, or, as she better expressed it, "went on the outside of her foot". She fell, and was quite unable to rise. On seeing her after she was carried home in about half-an-hour afterwards, I found the foot displaced inwards; the plantar aspect pointed to the middle line of the body, the external edge looking downwards; there was very great prominence of the external malleolus. Reduction was very easily effected.