ear and deafness for two years. During the previous fortnight, he had felt languid, and had been sick and chilly. Two days before he came into the hospital, he took to his bed, with headache, vomiting, and shivering. On admission, his arms, chest, and abdomen were covered with bluish blotches of an uniform tint. They seemed to be subcutaneous, and did not fade on pressure. Their nature was not apparent, even at the *post mortem* examination. They were possibly due to local stagnation of blood, but no sign of hæmorrhage was made out. There was a large abscess, involving chiefly the right lobe of the cerebellum, containing fetid pus. There was also simple meningitis at the base of the brain. The temporal bone on the right side was extensively diseased, and there was a little adherent clot in the right lateral sinus. The organs generally were in a septicæmic condition.

The discoloured patches of the skin were probably connected with this septic state. During life, they tended in no slight degree to obscure the true nature of the case.

I had originally intended to say something of tumours of the cerebellum, but I will not venture to trespass further on your time.

Finally, I must express my thanks to Dr. Bristowe and Dr. Ord, to whom I am indebted for the use of the cases which have served to illustrate my paper.

CASE OF SCLERODERMA AFFECTING THE LEFT LOWER EXTREMITY.¹

By T. SYMPSON, F.R.C.S.,
Surgeon to the Lincoln County Hospital.

A FEEBLE, ill-nourished girl, aged 5, with light brown hair and blue eyes, was admitted under my care into the Lincoln County Hospital on August 14th, 1882, on account of distortion of the left foot.

Inspection showed that the skin along the inner and anterior aspect of the limb, for a breadth of three inches at the groin and one inch on the dorsum of the foot, was pallid, glossy, and irregularly mottled with yellowish-brown spots. To the touch, the skin was very tense, resistant, and elastic. The margins of the patch were irregular and of a pink hue. Sensibility appeared to be unimpaired. The tendon of the tibialis anticus was rigidly contracted, and the foot was drawn up to an angle of 30° with the leg. The second toe was bent, so that its tip rested on the dorsum of the first phalanx of the great toe. The ankle-joint admitted of slight movement, but the knee was almost perfectly fixed. The left leg was half an inch shorter than the right. In walking, the girl bore her weight upon the left heel. The urine was non-albuminous, acid, of specific gravity 1025.

The maternal aunt of the girl stated that, three years before admission, the girl was kicked on the knee by the child of a neighbour, after which the joint became stiff. A few months subsequent to this, she fell on the causeway and bruised her knee; this was followed by hardening of the skin over the patella, which condition gradually extended to the thigh and leg. She has one sister, who is healthy. Her father, aged 28, enjoys good health. Her mother died at the age of 26, from "having caught cold" soon after her confinement.

The girl was put upon half diet, was ordered to take three minims of liquor arsenicalis thrice daily, and to have the affected part of the limb well anointed with vaseline. Under this treatment, the patient slowly improved, the knee becoming more movable, and the induration of the skin less marked, until September 10th, when she had an attack of subacute bronchitis, from which she speedily recovered.

On September 18th, the tendon of the tibialis anticus was divided subcutaneously. After a severe rigor on October 20th, the whole limb became erythematous; two sloughs, each of the size of a shilling, formed over the patella, and there was considerable constitutional disturbance. The patient was ordered milk-diet, a dose of castor-oil, and frequent doses of salines, under which treatment the symptoms subsided in four days; but the knee was left perfectly stiff, and the skin resumed its former denseness.

Subsequently, by degrees, the skin became more pliable and more easily pinched up; a well marked band of pigment appeared along the inner aspect of the limb; the foot was held at a greater angle to the leg (about 45°); the movement of the ankle was more free; and the child gained flesh and strength. She was discharged on January 8th, 1883.

When she was readmitted on January 29th, the limb was found to be smaller in all its dimensions, the induration of the skin had lessened, and the brown discoloration had become darker in tint. The tibia was bent with a concavity forward in its upper third. The girl was placed upon the same treatment as before, with the addition, on March 27th, of a drachm of cod-liver oil twice a day.

¹ Read before the Midland Branch.

One evening the night-nurse, when coming upon duty, was greatly horrified to find the child lying with the affected limb so turned up alongside of the trunk that the foot was placed behind the back of the neck, but was reassured on learning from the other nurses this was a by no means uncommon position for the patient to assume.

The measurements of both lower limbs on May 15th were as follows: Right femur, 9 inches; right tibia, 9 inches; circumference of upper part of right thigh, 12 inches; above patella, 8½ inches; middle of calf, 8 inches; left femur, 9 inches; left tibia, 7½ inches; circumference of upper part of left thigh, 9½ inches; above patella, 6½ inches; middle of calf, 6 inches. Thus the left limb was one inch and a half shorter than the right.

As it was thought best for the girl to return to her home in the country, she again left the hospital on May 21st.

I have brought this case forward as an instance in which some of the phases that occur in the course of scleroderma were extremely well marked. Although this disease is considered a rare one, those of our members who attended the International Medical Congress held in London in 1881, will recollect that, in the department for exhibition of living patients, a good many examples were shown illustrating its different stages. These stages admitted division into an active one, during which deposition of morbid material took place; a contractile stage, in which various deformities were occasioned by the process of shrinking undergone by that material; and a stage of recovery, in which the skin and other tissues that were affected resumed, more or less, their normal condition; these different stages varying in their duration from a few months to many years.

Hebra was of opinion that those cases in which the diseased patches resemble the integument of a frozen corpse, run their course more rapidly than those in which the integument is tightly stretched, thinned, and pigmented, and he suggested that some intrinsic difference might exist between them.

With regard to my patient, it was clear that, when she first came under observation, the malady, as shown by the pink tint of the irregular margins, the small amount of pigmentation, and the slight degree of contraction of the patch, had barely emerged from its first stage; whereas, when she last left the hospital, the greater portion of the skin previously affected had become so supple, that it could be easily pinched up, and a long band of pigment had made its appearance on the inner aspect of the limb. There seems reason to hope, from what is known of the history of similar cases, that the girl will continue to make favourable progress, and that the affected tissues may ultimately recover to a considerable extent their former condition, although the limb must remain distorted, and more or less atrophied.

As it rarely happens that death occurs during the course of scleroderma, we seldom are favoured with an opportunity of investigating minutely the changes undergone by the skin in that complaint. The members may therefore be interested to examine a double-stained microscopic section of skin from a case of that disease, which has been kindly prepared for me by Dr. Palmer. In it are well displayed increase in the number of cells in the rete Malpighii, enormous increase in the amount of connective tissue, and atrophy of the hair-bulbs, and of the subcutaneous fat. The section was obtained from the skin of the abdomen of a gentleman, aged 50, whom I saw in consultation three years ago, and in whom, with the exception of the head and neck, the disease was universal. The disease lasted thirteen months, and followed exposure to draughts after a hot bath. Death occurred from phlegmonous erysipelas, due to a chill consequent on the patient having sat in a room without a fire for two hours on a very cold day.

BEQUESTS AND DONATIONS.—Mr. Joseph Nutter, of Halifax, has bequeathed £1,000 to the Halifax Infirmary; £1,000 to the Bradford Infirmary; £500 to the Bradford Fever Hospital; £500 to the Ripley Convalescent Home; £500 to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties at Lancaster; £100 to the Bradford Eye and Ear Infirmary; and £100 to the Ilkley Bath Hospital.—Mr. Richard Haworth, of Mersey Bank, Didsbury, has bequeathed £500 to the Manchester and Salford Hospital Sunday Fund.—Mr. James Hargrave, of Harrogate, has bequeathed £250 to the Leeds Hospital for Women and Children.—The British Home for Incurables has received £200, under the will of Miss C. S. Le Mare.—The Grocers' Company have given, for the seventh time, £100 to the National Hospital for Consumption at Ventnor.—Charing Cross Hospital has received fifty guineas from the Whitehall Cricket Club.—The Victoria Hospital for Children has received £50, per Miss Dorothy Fitch Kemp, towards the support of the "Foxbush" cot.