tions. He flinched when the serum was injected, and whenever his eye was syringed. Fig. 2 represents his appearance on this day.

On July 15th the swelling of the face was less in the morning, and diminished visibly during the day. He was ordered calomel gr. iij. He slept fairly well during the night, and on July 16th was much brighter, although still very weak and with a running pulse. The swelling everywhere was less and much softer; the skin was becoming more natural in colour over the swelling. Owing to the reduction in the swelling the thrombosed frontal and submental veins were more prominent. He turned his head about in bed to see who was coming in, and showed some choice as to his food. He opened his right eye pretty freely. He complained of his limbs aching very much. Owing to the calomel not having acted, the dose was repeated in the morning, and that having no effect, he was given ol. ricini ʒij in the evening.

On July 17th he was much worse; the bowels acted six times during the night and early morning. He was very low and apathetic; the circulation was evidently failing, although he was still taking nourishment well.

At 3 A.M. on July 18th he became very collapsed, and, although he rallied for a time, he eventually sank at 6 A.M.

Throughout his illness he took on an average in twenty-four hours milk 3 pints, eggs 4, meat extract ʒij, brandy ʒiv, champagne Oj.

Report on Specimen of Serum by Guy's Pathologist.—Microscopic examination of serum showed the presence of a staphylococcus (probably staphylococcus pyogenes albus) in large numbers, whilst a blood serum cultivation gave abundant colonies of the same organism at the end of twenty-four hours.

REMARKS.—My friend, Mr. B. W. Murray, of Liverpool, who was very interested in the boy, and saw him with me on several occasions, agrees with me in the following notes. In the first place, I think the case worth recording, being, so far as we know, the first instance of the remedy having been tried in this country. Secondly, up to the date of the first injection the disease was, in our opinion, proceeding to a fatal termination, and in the natural course of events one would have expected the swelling to have increased rather than diminished as the end approached. The way in which the process stopped spreading and then diminished was, in our opinion, more than a coincidence. Thirdly, we should like to draw attention to the temperature, which, on reference to chart, will be seen to have risen after the first and fallen after

the second and third injections. Probably, at the advanced stage of the disease which our patient had reached it would have been better to have given 20 c.cm. as a first injection. There were apparently no bad results, either local or general, attending the use of the serum. We consider that if it had not been for the regrettable over-stimulation of the bowels the boy would probably have pulled through. Our experience of the serum in this case will encourage us to have recourse to its use earlier in the course of any future case.

Lastly, I take this opportunity of expressing my indebtedness to the Pasteur Institute for so promptly supplying a foreigner and complete stranger gratuitously with the serum in this case, as they did last year in the case of the diphtheria antitoxin before a supply was established in London. It may be hoped that this remedy will prove in its own way as valuable in a class of cases where in the past our efforts have had to be confined practically to keeping up the strength of the patient until the disease wore itself out, or *vice versa*.

A CASE OF ERYSIPELAS NEONATORUM TREATED BY ANTISTREPTOCOCCIC SERUM.

By ERNEST A. T. STEELE, L.R.C.P., M.R.C.S.,
Plaistow.

THE male child of Mrs. B., aged 3 weeks, presented on October 4th, 1895, dusky redness spreading downwards from the umbilicus over the hypogastric and iliac regions, buttocks, and upper part of the thigh. The redness also involved the penis and scrotum, which were very much swollen. Above the pubes the skin was of a purplish red colour, and pitted deeply on pressure. The umbilicus was not yet healed. The child was very ill, and refused the breast. The temperature was 102° F., the pulse 150. I gave an injection of 6 c.cm. of Ruffer and Robertson's antistreptococcic serum between the shoulders.

On October 5th the temperature was 101.2° F. The child was taking the breast, and looked better. The redness had not extended, had lost its defined margin, and the skin was not so tense. The scrotum was more swollen. Another injection of 6 c.cm. was given.

On October 6th the redness was fading, patches of normal colour appearing in affected area. The temperature was 100° F., and the general condition of the child much better.

On October 8th the child was doing well, but a fresh patch of redness had appeared on the left thigh, and the scrotum was sloughing in one place. The temperature was normal. A further injection of 5 c.cm. serum was given.

October 13th. Since the last note all has gone well, and were it not for the slough on the scrotum the child would be quite well. The slough is about the size of half a crown, and separating nicely. It involved the whole thickness of the skin and subcutaneous fissures. The slough separated on October 19th, leaving a granulating surface with healing margins. The ulcer left by the separation of the slough had healed on October 26th, and the child is now quite well.

REMARKS.—In the practice of the Plaistow Maternity Charity I have seen a fair number of cases of erysipelas neonatorum, but I have never seen one recover when the disease was so far advanced as in this case. I am convinced that the child's recovery is due to the antistreptococcic serum. No other treatment of any kind was adopted.

A CASE OF MULTIPLE ENLARGEMENTS OF THE (LONG) BONES WITH SPONTANEOUS FRACTURES.

By GEORGE GUNN SINCLAIR, L.R.C.P. ET AL.,
L.R.C.S. EDIN.,
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I wish to bring under notice the following case, not only on account of the rarity of the disease, but also on account of the curious history of accidents which preceded it. The case has been under my care for the past five years.

The patient, R. S., a man, aged 37, is the third son of a

family of nine; four of these are alive. His family history on both sides is exceptionally good. R. S. was born on March 13th, 1858. He was a strong healthy child; he began to attend school at the age of 7, and continued until he was 11. At that age he started work in a coal mine, and continued steadily at work until the age of 20. He was employed as a "putter," and later as a "hewer." For the next seven years he frequently complained of pains of a rheumatic character in his legs and arms, but these did not hinder him from working. When he was 27 years of age he met with an accident. He had a severe wrench of his right shoulder, necessitating his stopping work for nineteen weeks. After that time he returned to work, but complained of gradually increasing weakness in the shoulder. Five weeks after re-starting he received a second injury. He fell and dislocated the left hip-joint, which was reduced by a qualified practitioner. Owing to this accident he was confined to bed for eight weeks, subsequently being able to get about with crutches, and later with the aid of a stick. While in this condition he slipped and fell downstairs, fracturing his right humerus. This occurred in November, 1886.

From this time he has never been able to get about. He has been confined to bed, being occasionally lifted into an invalid chair, on one of which occasions the accompanying photographs were taken. During that time there has been a gradual increase of his symptoms. The right humerus increased in circumference to $14\frac{1}{2}$ inches, growths appearing on the lower thirds of the right radius and ulna, which measure $7\frac{1}{2}$ inches in circumference. The digits of the right hand are deformed. There is a growth the size of a lemon on the left clavicle at its sternal end. The left humerus, radius, and ulna are normal. The left hand is deformed, there being also a large growth on the thumb. The trunk is well nourished and normal in size. There are no changes in the spine or in the pelvic bones. The condyles of the right femur are greatly enlarged but the bone is normal in its length. The right tibia is enlarged: the measurement round the calf is 13 inches. The left femur is enlarged throughout, measuring $17\frac{1}{2}$ inches in circumference. The left tibia and fibula show irregular thickenings throughout their entire length. The

circumference below the knee is 16 inches; both feet are deformed. The muscles of the extremities are everywhere atrophied, particularly in the right arm. There have been spontaneous fractures of the right tibia below the knee, and of the left tibia and fibula in their middle thirds. The bones of the head are uniformly enlarged, the occipito frontal measurement being $24\frac{1}{2}$ inches, the occipito-mental 28 inches.

During his illness he has passed large quantities of phosphates in his urine. He suffers occasionally great pain from the passage of phosphatic calculi, one, the size of a bean, being extracted by instrumental aid. He has contracted stricture from laceration of the urethra during the passage of the calculi. His other systems are normal. During this year his condition has somewhat improved, and from being totally incapacitated from all exertion he is now able to busy himself in light fancy work, for which he has shown great aptitude.

CASE OF DIPHTHERIAL CONJUNCTIVITIS IMPLICATING BOTH CORNEÆ TREATED BY ANTITOXIN.

BY

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On February 28th I found M. M., aged 1 year, suffering from a mild attack of scarlatina, with temperature 103° , rash well marked, and no throat symptoms. The rash disappeared, temperature fell, and desquamation began on March 4th. On March 16th the upper lid of the right eye became swollen, the skin smooth and shining. The margins of the eyelids were red, and there was photophobia. Next day the conjunctiva was very vascular and dotted with red spots. The left eye similarly affected. Ordered a sedative astringent lotion. Next day the lids could be everted only with the greatest difficulty; the conjunctiva was yellow, smooth, and infiltrated with a thick fibrinous exudation. I ordered lotio hydrargyri perchloridi 1 in 5,000 every hour. Next day the corneæ manifested an exudative opacity, and a marginal ulcer appeared on the right cornea, extending to one-sixth of its circumference. The bottom of this ulcer was covered with a yellow opacity. Dr. A. Emrys-Jones now saw the case with me. He diagnosed diphtherial conjunctivitis. He advised the application of nitrate of silver, gr. xx-3j every three hours, and that the eyes should be syringed with solution of boroglyceride. On March 21st there was evidence of the throat being affected, a large diphtheritic patch appearing on the tonsil. That evening, by the advice of Dr. Emrys-Jones, I injected 10 c.cm. diphtheria antitoxin. By next morning the temperature had fallen from 102° to 99.2° , the swelling of the lids was less and a piece of membrane was detached from the lids. I again injected the antitoxin, and again with marked improvement. The membrane disappeared from the throat and from the lids. We still continued the application of nitrate of silver and boroglyceride. On March 26th, as