

No portions of the hydatid escaped with the hæmorrhage, as sometimes happens in these cases, and thus rendering the diagnosis easy.

The enlargement of the uterus was very rapid, reaching at the time of the expulsion of the hydatid as high up as an inch above the umbilicus, and measuring two inches in its transverse measurement. During the progress of the case I observed that the uterus was not steady in its enlargement, some days being somewhat reduced in size, and the next being again enlarged, this temporary reduction in size corresponded to the times when the flooding was most severe.

The pain at no time amounted to anything except at the termination of the case, when uterine action set in to expel the contents of the uterus.

The nausea was at times very severe. My reason for not exploring and emptying the uterus at an earlier period, was the fact that at no time did the life of the mother appear to be in jeopardy.

The point at issue here was the diagnosis. From my experience of this case, I would esteem the very rapid enlargement of the uterus, its soft and somewhat pulpy feel, and character of the discharge as very valuable signs in aiding me to a correct diagnosis of a similar case.

RECURRENT EXFOLIATIVE DERMATITIS.

(From the proceedings of the Toronto Medical Society.)

Dr. Graham presented a case of recurrent exfoliatis dermatitis. The patient was a young man of about twenty-five years of age. He was in the stage of desquamation, and the epidermis could be removed in large flakes, particularly on the neck and arms. The history of the case is as follows:

J. M., aged 25, printer; has been very healthy during life, except the attacks about to be described. About seven years ago he suffered from herpes zoster, which must have been of very severe character, as the cicatrices are still deep and well marked. When he was recovering from this disease, he was seized with exfoliative dermatitis. He had a chill followed

by fever. The skin over the greater part of the body became red and congested. This rash appeared about twenty-four hours after the chill. It commenced on the thighs and spread rapidly over the body. In four or five days desquamation commenced and continued for ten days or two weeks. The palms of the hands and soles of the feet were the last to shed the epidermis. The whole attack, including the herpes, lasted about four weeks. He was then quite well for four years, when in the spring of 1882, he had a second attack which resembled the one already described. This one lasted about two weeks. The third attack took place in the month of April, 1883, and the fourth in the corresponding month of 1884.

He is now suffering from the fifth onset of the disease. On Saturday, April 11th, he was taken with a chill followed by fever. The latter continued throughout the day. On Sunday morning he noticed a smarting sensation in the skin of the thighs. At the same time an eruption appeared which rapidly spread over the whole body. He was first seen on Tuesday, April 14th, when there existed a universal redness of the skin. There was no swelling or thickening. Pulse, 84. Temperature normal. Urine high coloured, with thick sediment, no albumen or sugar.

Desquamation began on Wednesday, April 15th, and continued for about a week. The epidermis came off in large flakes. The exfoliation was almost universal, and extended even to the palms of the hands and soles of the feet.

Dr. Graham pointed out the difficulty of diagnosing such a case from scarlet fever. The principal points are the absence of throat symptoms and the frequent recurrence of dermatitis.

A very extensive and fatal epidemic of typhoid fever has broken at Plymouth, Pa. Since April 17th from 1,000 to 1,200 persons have been attacked, of whom more than one hundred have died. The disease was introduced by a typhoid case from Philadelphia, and this virus was carried into the water system of the town.