

then extended to the arms. These parts became tender, hard and glossy, and the freckles which had been on her arm since she was a little girl disappeared from the diseased parts. The elbows and wrist became stiff, and she experienced considerable difficulty in using her fingers. Until a few weeks ago the disease continued to extend, indurated areas appearing on the neck, face, shoulders, and abdomen. At the present time she appears to be improving under the following treatment: Massage, electricity (constant current), and internal administration of theosinimin.

*Case of Tinea Barbae, Contracted from Cattle.*—S. S., farmer; a patient of Dr. J. J. Cassidy, Moorefield, Ont. Patient gave the following interesting history of his case: He noticed, last fall, that fifteen to twenty of his cattle had scaly patches on various parts of their bodies. As soon as he began to stable them for the winter he obtained a "dip" from a druggist, and in a few weeks effected a cure. About the beginning of the present year the patient noticed a scaly patch on his face. This soon became indurated. The disease quickly extended until nearly every part of the face, covered with beard, was a mass of nodules and pustules. The hairs lost their lustre, and were easily extracted. An examination of the hairs showed the presence of large-spored trichophyton. The patient was treated as follows: All the hairs on the affected parts were epilated, and an ointment containing naphthol and ammoniated mercury applied twice daily. Dr. Cassidy informed me that the patient completely recovered in three weeks.

*Case of Tinea Circinata, due to a Fungus Similar to Microsporon Audouini, and of Probable Animal Origin.*—M. D., professional nurse, consulted me on May 2nd on account of rash on her face and neck. The eruption consisted of a number of circular patches about three-quarters to an inch in diameter, situated side by side. The borders of the patches were inflamed and crusted, while the centres showed a tendency to clear up. The arrangement of the patches side by side, and seven in number, produced a rather unusual appearance. A microscopical examination of the scales from one of the patches revealed the presence of a fungus which very closely resembled microsporon Audouini. The spores were not arranged in chains, and long filaments of mycelium, as occur in large-spored ringworm, could not be made out. The fungus consisted of spores and short rods, which were arranged, for the most part, in the form of clusters. The rods had lengths equal to about two or three diameters of the spores, and many of them appeared as if about to divide into spores. On inquiring as to source of infection, patient thought that she had contracted the disease from a little girl whom she had been recently nursing at Colborne, Ont. The child was under treatment for typhoid fever, but had ringworm on her face as well. She was supposed to have