

uterine pregnancy. Uterine hemorrhage is the first symptom of the disease and is due to the involvement and the destruction of the vessels by the vegetating masses. The most important characteristic of the hemorrhages is their extraordinary resistance to all kinds of treatment. When the tumor follows the molar pregnancy the uterus is markedly increased in volume; when it follows abortion or normal labor, the uterus hardly exceeds in size that of three months' pregnancy. The tumor is usually smooth and regular. On vaginal examination the os is sometimes partly open and sometimes normal. The uterine cavity presents a tumor that projects but little beyond the surface and that is sometimes pedunculated. A little later in the disease metastases appear, which may involve all the organs. Among the seats of these metastases, the vagina seems to be one of the most common. Pulmonary metastases are common and are usually found at the base or at the apex of the lung. Patients thus attacked present symptoms similar to those of patients suffering from chronic bronchitis. Examination of the sputum reveals nothing characteristic. Cachexia appears early. When hemorrhages appear after a patient has expelled an hydatidiform mole the clinician ought to think of deciduoma at once. Hemorrhagic metritis and fibroma produce menorrhagia and menstrual disorders accompanied by leucorrhea but never such a profuse flow of blood as accompanies deciduoma malignum. Vaginal hysterectomy is the proper treatment of the condition.—*Philadelphia Medical Journal*.

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#### FACTITIOUS URTICARIA AND SCLERODERMIA.

Factitious urticaria accompanies diffuse more than other forms of scleroderma, and, like other vasomotor phenomena, has been regarded as a sign preceding actual sclerodermatous changes. Bettmann (*Berl. klin. Woch.*), gives the cases of an officer, aged 39, and a machinist, aged 26, with commencing generalization of scleroderma. In both cases the factitious urticaria could be produced over the chest back, which are the most usual sites for the phenomena, and in these two patients were not yet affected by any obvious scleroderma. In the officer's case, when the skin of the chest or back was lightly scratched, the lines of factitious urticaria took several minutes to come, but lasted an extraordinarily long time; on several occasions they persisted unaltered for five or six days. No factitious urticaria could be obtained on the abdomen or extremities. When treated by electricity the spot where the cathode had been placed often became red, and remained so for twenty-four hours or more; at times a localized patch of "cutis anserina" was produced instead of the redness. Other vasomotor phenomena observed in the same patient were occasional attacks