

On the 30th inst. the whole surface of the body became erythematous. The rash was universally diffused, and resembled scarlatina. Patient states that it first appeared on the flexor surfaces of his fore-arms, afterward spreading over the whole body. On firm pressure the parts scarcely showed any change of color when the fingers were removed.

On October 2nd exfoliation began on the chest, and continued until the whole body had been denuded of its epidermal covering. The ears, nose and scalp were also affected.

Complete casts of the palmar surface of the hand and plantar surface of the foot were removed. By the 16th inst. the exfoliation was complete, and sedative ointments were applied to relieve the sensitive surface.

The temperature became normal on the sixth day after admission.

November 28th, 1898, patient was again sent to hospital on account of dissipation. Symptoms were analagous to those previously noted. Temperature reached  $103^{\circ}$ , and declined to normal in three days. December 7th the skin became hyperemic, and exfoliation began three days later. Pruritis was very annoying.

The third admittance took place on April 17th, 1899. Cause: Alcoholism. The nervous and gastric symptoms were again present, with slight variation. The temperature only reached  $99.2^{\circ}$  on this occasion.

The usual treatment was given, and exfoliation was completed by April 30th. Complete casts of both heels and the greater portion of one hand were secured.

Casts showed the usual markings. As to the etiology of this erythema and subsequent exfoliation, the only theory advanced, is that the vaso-constrictors in the vessel walls of the skin were temporarily paralyzed owing to loss of centric influence, the latter condition being due to excessive use of alcohol.

Prof. Anthony, of the Chicago Polyclinic, to whom casts were sent, stated that undoubtedly the case belonged to a scarlatinoid group, in which exfoliation of hands and feet occurred.

During the course of treatment the bromides of potassium, sodium and ammonium were used. These, if given in large doses, could not produce a rash similar to the one described.

Osler, Strümpel, Loomis, Tyson and Hughes make no mention of such a condition accompanying alcoholism.

[The casts of heels and hand will be exhibited at meeting of Canadian Medical Association.—ED.]