

deem the peculiar characteristics of this case and those already reported by me.

1. *Recurrence*.—In the case here reported there were four attacks in the space of two years and four months, coming on at irregular intervals.

One of my patients was averaging two attacks a year, and at the time his case was reported (1891), had had the exfoliative erythema twenty-three times.

The cause of the recurrence, like the cause of the disease, is unknown, and the accidents precipitating the attacks differ with each case.

Dr. Bolton's statement that his patient had had a check of perspiration, suggests that this may have been the immediate or exciting cause of her eruption. If this be so, then the skin and nervous (vaso-motor) system must have been peculiarly sensitive and liable to disarrangement by impressions from external temperature.

That a marked general erythema (hyperæmia) may be produced by cold I can attest from a case that came under my observation last summer. One of the students of the University of the South, 18 years of age, complained to me of a sense of malaise and nausea on going out into the weather on damp and chilly days, saying that large surfaces of his skin would turn red and burn. Furthermore, he said that when he bathed in cold water the part of the skin touched by the water would turn red.

As he was otherwise in good health he was greatly annoyed by this physical peculiarity. Anxious that my eyes should confirm his statements, he requested me to go with him to the general bathing pool of the students and watch the result. He then removed his clothes and showed a good muscular development and quite a white skin. After diving into the water which had a temperature of 56° Fah., and after remaining there four minutes he came out to be inspected. His condition was now quite changed, as he had declared it would be. The face was flushed, but the trunk, arms and thighs had turned a bright red—a smooth, diffused erythema, feeling quite warm under the fingers. He said that it itched him and burned slightly. I then made him come out and put on his clothes, taking his temperature, which had fallen a degree and a half during the bath. The redness remained for an hour and then passed off.

Here was a case of almost universal erythema, which had been directly produced by a known cause—cold. I have mentioned this case which is unique in my experience, as an illustration of the fact that erythematous disease is not necessarily dependent upon a germ or poison within the system, and that recurrences may be produced by the removal of certain known causes.

2. *Low pulse rate*. I have already called attention (loc. cit.) to the lack of resemblance of the

pulse in recurrent exfoliative erythema to that of scarlet fever, a disease which French writers have supposed it to resemble, for the rapid pulse of scarlet fever is characteristic, and in marked contrast with the disease in question. The case here reported had a faster pulse than any that I have noted, and this averaged only 94½ beats per minute.

3. *Absence of marked febrile symptoms*. The disease is not characterized by marked febrile symptoms. The history of the cases goes to show that the first attack is the one most likely to be accompanied by high fever. Subsequent attacks may or may not be accompanied by elevated temperature.

The highest temperature attained by Dr. Bolton's case was 99.8.

4. *Extensive desquamation*. I know of no disease where the desquamation is as great and as complete.

Even *dermatitis exfoliativa* (of which Brocq believes this to be a variety), though accompanied by general scaling of the epidermis, does not shed in so short a space of time, scales as thick and as large as this disease. It differs from *dermatitis exfoliativa* by being of shorter duration, by not appearing in patches at the beginning, and by not having evening exacerbations.

6. *Resemblance to Scarlatina*. For a short time in the history of a case the resemblance to scarlatina is so marked that it seems to me desirable that this article should be concluded by contrasting the main points of difference in parallel columns.

SCARLATINA.

ERYTHEMA EXFOLIATIVA RE- CURRENCE.

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| 1. Occurs once. | 1. Recurs frequently. |
| 2. Contagious. | 2. Non-contagious. |
| 3. Marked pyrexia. | 3. Pyrexia very slight. |
| 4. Fauces much swollen. | 4. Fauces red. |
| 5. Pulse very rapid. | 5. Pulse not rapid. |
| 6. Eruption lasts five days. | 6. Eruption lasts 3 days. |
| 7. Desquamation sometimes considerable. | 7. Desquamation always excessive. |
| 8. Albuminuria common. | 8. No albuminuria. |

—Henry Wm. Blanc, B. S., M.D., in *Jour. of Cutaneous and Genito-Urinary Diseases*.

THE TREATMENT OF DIABETES MELLITUS BY MEANS OF PANCREATIC JUICE.

In the *British Medical Journal* for January 7th Dr. Mansell-Jones suggests that as the juice of the thyroid gland appears to be almost a specific in myxœdema, pancreatic juice administered before or after meals should be given a fair trial in diabetes, as this disease, he adds, in most cases, appears to be due to disease or disordered function of the pancreas.