

had any illness except measles and nasal catarrh. His father is living, but not in good health, has had growths of some kind removed from his neck a year and a half ago, and three times since; mother died of cancer, aged 54; two brothers and two sisters died in childhood, one brother and two sisters are living and healthy.

If we now inspect the patient, we notice the yellowish tinge of the skin, conjunctiva and mucous membranes. He is fairly well nourished, his temperature is subnormal, and has been so since he came in; pulse 60, skin is moist, and he complains of irritation and an itching sensation, and is very thirsty. There is a diffuse rash on the skin of the neck, upper part of the chest, and axillary region, on each side. This has appeared during the last week. Dr. Foley, Dermatologist to the hospital, states that it is erythema-papulatum, and hence will likely disappear spontaneously within a short time. The papules are somewhat large and flat, here and there aggregated together, others isolated. This is a somewhat unusual form of rash, the skin affections most commonly met with, usually only in chronic cases, are pruritis, lichen, urticaria and xanthiasia, the latter characterized by flat yellowish patches on the eyelids, and tubercles or raised masses elsewhere.

We do not find anything abnormal in the lymphatic, locomotor, vascular, respiratory or nervous systems.

The tongue has a brownish coating, there is tenderness over the stomach, liver is slightly enlarged, extending about an inch below the costal margin. Parkin's method of examining the liver is one which enables you to make a more certain diagnosis of its size and condition; the patient is in a sitting posture, with the body flexed as much as possible, so as to relax the abdominal muscles. The examiner sits behind him, and with one hand around either side is able more readily than in the prone position to make out in detail the condition of the gall bladder and surfaces of the liver. In examining the liver, be sure that a coil of intestine is not lying over its lower border, as sometimes happens in cases of enlargement. We find he still has occasional attacks of vomiting after food, indicating a certain amount of gastro-duodenitis; bowels are regular, stools slate gray in color, and contain undigested fat; splenic dulness is normal; urine from 35 to 40 oz. daily. The last specimen examined was acid in reaction, brownish in color, specific gravity 1008; contains four grains of urea to the ounce; no albumen nor sugar; a few granular hyaline casts were