

those of chronic tendencies; and, finally, those of secondary nature, particularly the tuberculous.

All antiseptic precautions usually necessary in any such operation should, of course, be observed.

—Frank S. Parsons, M.D., in *Med. News*.

A CASE OF SKIN SHEDDING.

Some months ago I received a letter from Dr. W. T. Bolton, of Biloxi, Miss., asking my opinion of a remarkable case of skin shedding that had come under his observation. On reading the notes that were enclosed I was surprised to find that here was a description of a disease to which I had recently given considerable study, having myself made careful notes upon two cases which are reported in the October, 1891, number of the *International Clinics*, under the title of erythema exfoliativum recurrens.

As the bibliography of this disease, and my reasons for classing it as an erythema, are there given in full, I shall not burden this paper with an unnecessary repetition.

With Dr. Bolton's permission, I here give a report of his case from notes furnished me at different times at my request.

Maggie P., aged twenty years, house-maid by occupation, but also goes to market and helps about laundry. While washing and ironing on May 6th, she perspired a great deal, and, to cool off, went out into the open air when the wind was blowing hard, thus suddenly checking her perspiration. The result was an attack of nausea and vomiting accompanied by pains in the back and limbs. A purgative was given next day, and the patient put to bed. On May 9th, Dr. Bolton was called in at 7 a.m. He noted the following symptoms: Temp. 99.6, pulse 104, nausea and vomiting. The ejected matter is yellowish (bile colored) and viscid. Patient complained of dizziness and a severe headache, the pain being in the upper and back part of the head. Skin of face swollen. Face, neck, and upper part of chest covered with an eruption (erythematous), suggesting the idea that they had been exposed to intense heat. Tongue coated.

On being questioned, patient declared that she had had a similar eruption in February, 1890, and in August, 1891. The first time she had the eruption she thought she had scarlet fever. Both previous attacks had been accompanied by slight fever. None of her relatives have suffered from a similar disease. Both parents, and two brothers, died of consumption. She has had measles, but never had diphtheria, nor scarlet fever, unless the attack of February, 1890, was this disease.

At 7 p.m., of May 9th, it was noted that the temperature was 99, and pulse 80. Patient had vomited at 6.30. Tongue coated in centre, with

the edges and tip clean but red. Headache not quite so severe.

May 10, 7 a.m. Temp. 99.8, pulse 98. Slight nausea, but no vomiting since last evening. Did not rest well during night. Took wine several times and broth once. Rash has extended over whole surface of body.

5.30 p.m. Temp. 99.2, pulse 108. General appearance better. Expression of face not so anxious. Skin very red. Wine and broth several times during day.

May 11th, 8 a.m. Temp. 98.8, pulse 90. Rested well, and slept greater portion of the night. Took wine and broth several times. Tongue clean, but not red; its coating, together with a thin enveloping membrane, is coming off. Epidermis of upper eyelids beginning to desquamate.

1.30 p.m. Condition about same as at 8 a.m.

May 12, 8 a.m. Temp. 98.8, pulse 88. Had a severe headache during last evening and early part of night. Return of nausea, but no vomiting.

The mucous membrane of roof of mouth exfoliated in a solid mass. On May 12, and two following days, the epidermis of the entire body was thrown off. That of the trunk and limbs coming off in pieces one to two inches wide, and three to five inches long.

The epidermis of the hands and feet, particularly of the former, came off almost without a break, resembling gloves and moccasins. The nails were loose but did not come off at this time.

The malady gave no further trouble, and the patient was soon up and out, and spending a week in New Orleans. However, on May 31st, just twenty-five days after the beginning of the last attack, she was again suddenly taken sick with the same symptoms, only in a much milder way, the rash being less intense and extensive. The face, mouth, and upper extremities peeled, as before, and on June 4th, the fifth day of the attack, a piece of epidermis a foot long was removed from the arm and elbow.

During the second attack there was slight sore throat, and some pain over the part of the right lung on coughing. On June 4th, the urine was examined and found free from albumen. Specific gravity, 1008.

The nails of fingers and toes fell off after the first attack, but the time is not stated. They also fell off after the two previous attacks. There was very little therapeutic interference in the course of the disease. Oxalate of cerium was given for the vomiting at the outset, and later on calomel and ipecac, combined in powders, were administered.

One dose of quinine and phenacetine, two grains and a half each, was given in the course of the disease, and several times the skin was anointed with vaseline and quinine.

I would respectfully call attention to what I