

For an ovarian cyst about the size of an orange to cause so much obstruction from its presence in the pelvis seems unusual, especially when one remembers how fluctuating a cyst of that size usually is.

The explanation is purely mechanical, and the symptoms were due to the cyst being bound down in a most unusual manner by adhesions to the wall of the true pelvis.

The literature shows only a few cases of ovarian cysts causing the complication described above.

A SKIN ERUPTION IN SIX CONSECUTIVE CASES OF POLIOMYELITIS.*

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This skin eruption which I am about to describe appeared in six consecutive cases in the H. S. C. during a period of one and a half weeks, and has followed the same course in each case. The cause and distribution and whether or not it is associated with the paralysis yet remains to be ascertained. In reviewing the different works on poliomyelitis, there appears to be no reference to such a lesion, but in looking over the New York report of 1907 of the epidemic there I find they have tabulated, but not fully described, different varieties of skin eruptions, as follows:

Erythema, 7; macular, 8; maculo papular, 3; papular, 18; pustular, 3; urticarial, 2; sudamina, 8; herpes, 2; petechial, 2; vesicular, 6.

The form of eruption which was most common in this epidemic was papular, and it was particularly mentioned in many instances that the eruption covered the entire body. In concluding, the article says: "Perhaps this eruption may have some significance, since it is not apt to be mistaken for anything else."

The character of the rash was fairly uniform, and the distribution seems to vary little. In all cases it appears as a small papule, quite shot-like in character, with a tiny inflammatory base. This may or may not go on to vesiculation. If it does, the vesicle is about the size of a pinhead, and looks not unlike a small chicken

*With the Consent of Drs. Baines and Machell and assistance of Dr. Goldie, I am permitted to make this report.