Sir Spencer Wells tells us that ten patients, from each of whom he removed one ovary, afterwards conceived and bore children of both sexes. A woman with one ovary may even have twins of opposite sexes.

The proportion of male and female children born all over the world is so constant that we cannot help concluding that it must be regulated by a law as yet undiscovered. Here is a promising field for ambitious gynecologists. Whoever does make the discovery is as sure of fame as William Harvey. If I might be allowed to hazard a suggestion, it would be this,—that the determination of sex does not depend on anything done by either father or mother, but occurs long prior to conception in the ovary or testicle. That is to say, I believe that the agency which determines sex depends on peculiarities in the ova or spermatozoa, existing before coition.

One of the most interesting problems waiting solution is the sympathetic or metastatic affections connected with disease of the ovaries or uterus. Thus it is quite common for patients with ovarian disease to be troubled with intolerance of light, double vision, and some other eye-disorders. The same thing is often observed during pregnancy. Have we a correlation of diseases as well as one of forces? The first time that my attention was forcibly directed to this subject, strange to say, was among soldiers. In 1864, we had an epidemic of mumps in the 55th Regiment Massachusetts Volunteers, (colored), followed in eight or ten of the cases, by orchitis. The assistant surgeon thought that it was merely a coincidence, and I was at first inclined to concur with him; but soon became satisfied that the two diseases were more closely related. Dr. Goodell, of Philadelphia, has an article on "Inflammation of the Parotid Glands following Operations on the Female Genital Organs," in Volume X, Transactions of American Gynecological Society, which will amply repay perusal.

The only other example of sympathetic reaction I shall allude to to-night, is the increase of sexual desire in young women affected with phthisis. I have only seen one well-marked instance; but experienced medical friends say that they are convinced of its occurrence. What is the cause? Is it an illustration of the tendency of plants to run to seed when debilitated through a deficiency of nourishment? Does the fact throw any light on the greater fecundity of poor families as compared with rich ones? Perhaps some member will be kind enough to solve, or try to solve, these problems for us.

DERMATITIS VENENATA CAUSED BY LEUCANTHEMUM VULGARE.

BY JAMES S. HOWE, M.D.

Leucanthemum vulgare is the name of one of our common plants, which is known in different localities as white weed or field daisy. It is not indigenous in America, but was naturalized from Europe, being accidentally brought to this country by means of its seeds, which were mixed with those of other plants. It is most plentiful in New England, being still abundant in the Middle Atlantic States; and occurs more or less commonly all over the country, including Canada. It is spreading rapidly, and may be expected anywhere in cultivated lands. It is found throughout

the greater part of Europe, excepting in the extreme North and South, extending even to the Ural Mountains and Southwestern Siberia. It is not found in Portugal, Southern Spain, Sicily, Greece, Lapland, or Finland, and only in the southern parts of Norway and Sweden. Botanists say that the same limitations of distribution which exist in Europe will probably govern the spread of the plant in this country. Here in New England it is very abundant in the fields and meadows, being particularly noticeable during the months of June and July, when it is in full bloom. That it is capable of producing a very intense and troublesome form of dermatitis, and that this fact is not generally known to the profession, has induced me to present several cases of poisoning from this source which have come under my care.

My observations thus far have led me to suppose that it will prove harmful only to those who have a decided susceptibility to the poisonous effects of other plants. In fact, I can go so far as to say that I have yet to see a single case where the patient has not already had one or more attacks of dermatitis, caused by some of the well-known plants which produce the same results as the daisy. I am led to record these cases, not that I can add anything to our present knowledge of these forms of dermatitis and their treatment, but in the hopes of pointing out a source of dermatitis venenata, which, I believe, is not yet recognized by the profession at large.

CASE I. Mary B., aged six years. Two brothers and a sister of this little girl went out into the country, in the month of June, to a picnic; and gathered, while there, a large number of white daisies from the fields, and brought them home to their sister, who was confined to the house by some slight ailment. She was playing on the floor, minus her shoes and stockings, when the flowers were given to her; and remained there for half an hour, holding them in her lap and playing with them, as any child naturally would. The following morning her feet, legs, genitals, hands, and face were the seat of a severe dermatitis, with marked oedema of the legs below the knees, and also of the genitals. When I saw the case again, late in the afternoon, vesicles of small size, and closely aggregated, had formed in various-sized groups and patches upon the affected parts. These were accompanied by intense pruritus, and within the next twenty-four hours nearly all the vesicles had ruptured. This was followed by a gradual subsidence of all the troublesome symptoms, and also by excessive exfoliation of the skin; and, in about ten days, all the affected surfaces had returned to a normal condition. This child had been twice before poisoned by rhus, according to the mother's statement, neither attack being very severe; but it is doubtful if the child had handled the ivy so freely as she had the daisies.

CASE II. Willie D., aged five years. I saw this case in July, early one morning. I found a very marked efflorescence on the backs of the hands and between the fingers, with small, closely-aggregated vesicles in the latter position. What particularly attracted my attention was a well-defined band of a decided erythematous character, extending around the forehead and across the tips of the ears. Upon close inspection, I found this same region to be the seat of a very fine, papular rash, with here and there an already-formed vesicle, while the papules all showed a marked tendency to vesiculation. Upon the face and chin were also small patches of a fine, papular eruption, varying

in size and shape, and particularly marked upon the upper lip and the tip of the nose; also under the right eye, which was partly closed, owing to the œdematous condition of the lower lid. The only one of these patches where vesiculation had taken place was on the upper lip, which presented a condition closely allied to that of herpes labialis. On careful inquiry, I found that the child had, the day before, picked an armful of white daisies; and its mother had woven them into a wreath, which the child had worn upon its head for some time, with the above result.

Within twenty-four hours the fine papules on the forehead had nearly all changed to vesicles, presenting, in the form of a vesicular band, a very peculiar and unusual appearance. The mother was not poisoned, although I inspected her hands and face regularly for several days. She had never had any form of dermatitis resulting from poisonous plants, although, the year before, the child had suffered from a severe attack of a similar nature to this as regards symptoms, caused, as her physician told her, by ivy, although there is no proof that it might not have been caused by white weed.

This case yielded readily to treatment, excepting on the forehead, where, two weeks later, there was still decided redness and desquamation.

CASE III. Miss F. H., aged eighteen, had been poisoned by rhus a number of times when young, each succeeding attack being of less severity than its predecessor, until she had come to believe that ivy, so far as she was concerned, was comparatively harmless. While on a visit in the country she went out one morning to gather flowers in a garden, in one neglected corner of which was a large patch of white weed. After picking some flowers, the daisies attracted her attention; and she picked a basketful of them, and took them into the house and arranged them in a vase. That night she frequently awoke, always finding herself afflicted on the hands, forearms, and face with an intense burning and itching sensation, to relieve which she naturally scratched and rubbed the parts affected. The next day, when I saw her in the afternoon, there was a decided swelling of the hands and fingers, which, with the forearms and face, presented as complete a case of dermatitis as I ever saw.

Between all the fingers, and on the forearms, were many fine, closely-aggregated vesicles, the backs of the hands and face presenting only a fine, papular rash, with marked swelling and redness. The agony caused by the burning and itching was so marked, that the patient could only be kept quiet, and secure sleep, for three successive nights, by the use of opiates. The next day vesiculation took place inside the hands, beneath the thickened epidermis, both hands presenting the appearance to the sight and touch of a typical case of cheiro pompholyx. Relief was not long delayed, and desquamation followed in a few days. This patient rather doubted my statements when I told her that the white weed was the cause of all her trouble, and warned her, in the future, to carefully avoid it. The remembrance of her trouble kept her, the rest of that season, from making any further experiments with daisies; but the following year she again gathered some, with a similar result to the former one, only this time she escaped more luckily than before, all the symptoms being less severe than in the first case, although sufficiently so to call for active treatment.

CASE IV. I have, myself, been twice severely poi-

soned by white weed, the first case being the only one I had ever seen or heard of until I saw the one which is first described in this paper. As a boy, I had been often and very badly poisoned by ivy and dogwood, sometimes twice or three times in the same summer; hardly a season passing from my eighth to my sixteenth year without an attack, each of which was less severe than the former one. From my sixteenth year to the present time I have never been poisoned by dogwood or ivy, although I have often been in close proximity to them both, and even frequently brushed against them. Six years ago, while in the country, I gathered a large number of daisies, and carried them to the house where I was staying, never for a moment thinking what the result might be. That night I awoke, feeling upon my face and hands the most violent pruritus, and wondering what could have caused it; and such was its severity, that my sleep was very broken during the remainder of the night. In the morning I found that my hands and arms, as far up as the elbows, were covered with a very fine, papular eruption, the papules being arranged in groups of various sizes, while the entire surface was of a livid, angry-red color. My face revealed, on inspection, the same appearance, while both eyes were partly closed, the under and upper lids being œdematous. By evening of the same day the papules on my arms and hands had become vesicles, although it was another twenty-four hours before the vesicles appeared on my palms and the palmar surfaces of my fingers. The heat and itching was very troublesome, while my whole face was much swollen, feeling very hot and tense; and within forty-eight hours after exposure to the white weed, both eyes were so tightly closed that I could not see out of them at all. Strange to say, no vesicles appeared on my face, with the exception of a few on the chin. Sleep was only secured for several nights by the use of opium, until the acute symptoms had gradually subsided. Desquamation took place over the entire surface affected. The vesicles on the palmar surfaces, instead of rupturing externally, gradually coalesced, and the thickened skin came away in large stripes and patches, as is seen in so many cases of cheiro pompholyx. I had never heard of dermatitis before caused by daisies; and a physician who saw me at the time felt sure it was caused by rhus, although I insisted it was not, and could only attribute it to the white weed.

I have never touched a daisy since then until this past summer, being very careful to give them a wide berth. Last July, however, while out in the country, I passed through a field where there was some white weed; and, without thinking what I was doing, I caught the stem of one of the larger flowers between my second and third fingers, and snapped off the flower at the top. That night I awoke, and found myself scratching these two fingers, and immediately surmised the cause of pruritus. The next day, on the inner surfaces of these same fingers, was a group of fine vesicles, extending from the tip to the base of each finger; and rupture of the vesicles, with subsequent desquamation, was the result of this very mild attack. It is my rule now to warn all my patients with dermatitis caused by plants, to be very careful with regard to white weed; and, in the future, I expect to see more cases from this same source.

How many of the cases of dermatitis venenata attributed to rhus, dogwood, and sumach, may have

been really caused by white weed we shall never know; but, with an increased knowledge of poisonous plants, our diagnosis in the future will, of course, be more accurate.

RECENT PROGRESS IN ANATOMY.

BY THOMAS DWIGHT, M.D.
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THE THIRD TROCHANTER.

THE occasional appearance of this process in man is familiar to all anatomists, but there are several questions connected with it that deserve study. One of these is in which sex it occurs most frequently. A discussion arose at a meeting of German anthropologists at Breslau in 1884, between Professors Albrecht and Török, the former maintaining that it appeared chiefly in females, which the latter was disposed to dispute. Albrecht had on his side a work on the subject by Dr. Houzé, of Brussels. The latter holds that the development of the third trochanter is in direct ratio to that of the gluteal region, which he says is more developed in Caucasians than in Africans, and in women than in men. Although he recognizes that fat has much to do with the formation of the nates, he seems to think that the muscles are also more developed in women. We must say, in parenthesis, that this is surely a mistake. Dr. Houzé found the third trochanter three times out of ten female femora, and only once among ten male ones, all from inhabitants of Brussels. This author describes a depression for the insertion of the gluteus maximus, which he calls the *fossa hypotrochanterica*. It is only occasionally present. This fossa is situated externally to the outer continuation of the *linea aspera*, between it and the outer margin of the bone which may be developed into a ridge. When this fossa is present the bone is usually broader than in other cases. This is an important observation, as showing how the same muscle may have very different surfaces for its attachment.

The gluteus maximus may be attached to a knob, a ridge, or a depression. Houzé examined bones of different periods, and found that bones unearthed in Belgium belonging to the reindeer period have rarely a third trochanter; but that it occurs in thirty-eight per cent. of those of neolithic times, and in thirty per cent. of to-day's inhabitants of Brussels. The converse is true of the *fossa hypotrochanterica*. In the reindeer times it was very common, less frequent in the neolithic era, and now very rare. We are indebted to the recent paper by Professor Török¹ for this account of Dr. Houzé's monograph. Török examined fifty-four skeletons, thirty-eight male, and sixteen female. He declares that the third trochanter is not most common in women, and that the fossa is not so rare in modern times. He found the third trochanter twenty-eight times in the seventy-six male thigh-bones, and eleven times among the thirty-two female ones, to wit: 36.81 and 34.32 per cent. respectively. He found the fossa in twenty-five femora, of which all but two were male ones. We would observe that while it is evident that Houzé's series are absurdly small to establish the relative frequency of the occurrence of this process in the two sexes, Török's are by no means sufficiently large.

Török makes the observation that while the great

and the small trochanters are each developed from an epiphysis of its own, the third trochanter is not. This brings us to the question, which we believe is quite a new one, whether every prominence at this point has the same significance. It is well known that some of the most striking instances of a third trochanter are found in delicate femora. In strong bones, with great rough lines for muscular insertions, more or less of a prominence is frequently found in the same place, but perhaps it may be questioned whether the former is not an instance of an analogy to lower animals (like the supra-condyloid process) and the latter merely an accidental elevation. Between these extremes all degrees are found. We have seen some examples of the third trochanter which it would be hard to believe did not arise from a separate centre of ossification, and Professor Török gives us no data showing how extensive his observations on this point may have been.

Our author concludes his paper with a table showing the relative frequency of the different forms of insertion of the gluteus maximus, namely, into a ridge, a depression, a tubercle (the third trochanter), and into combinations of these. The one hundred and eight cases were divided as follows.

SIMPLE INSERTIONS.

1. The ridge,—25 male and 13 female bones.
2. The tubercle,—4 male and 5 female bones.
3. The fossa,—14 male and 1 female bone.

COMPLEX INSERTIONS.

4. The tubercle and the fossa,—14 male and 1 female bone.
5. The tubercle and the ridge,—10 male and 5 female bones.
6. The fossa and the ridge,—9 male and 1 female bone.

In this connection we would mention an observation by Mr. Treves² of two remarkably-developed third trochanters observed during life on a man of fifty. "Following precisely the gluteal ridge of the femur was a bony outgrowth four inches in length. It was quite smooth, projected directly backwards, and appeared to be about one inch in height and half an inch in width. It was no wider at the base than at the free border; and this edge was perfectly distinct, even, and rounded. When the gluteus maximus was brought out into action, the fibres of the muscle were found to be inserted into this ridge, and during the contraction the free border of the bony mass was rendered indistinct. Both femora were marked by like projections, and the symmetry of the two abnormal ridges was in every respect complete."

THE DEVELOPMENT OF THE MASTOID PROCESS.³

Symington remarks that, while the anatomy of this part of the mastoid has been well worked up in the infant and the adult, but little attention has been paid to it in childhood. In fact, the mastoid process does not exist in the infant; but there is a cavity extending back from that of the tympanum. It is separated from the cranial cavity by a very thin plate of bone. The mastoid process becomes distinct at about the end of the first year; and the walls of the cavity become thicker and thicker, till, at puberty, a process of absorption begins, and the fine, cancellated tissue becomes cavernous. The mucous membrane, of course, makes its way into these cells. It is well known that the inside of the adult mastoid presents considerable diversities, which must depend on the process of absorption. The cavity in the mastoid is of about the same size in infants and in children, but in the latter it

² Journal of Anatomy and Physiology, Vol. xxi, January, 1887.

³ "The Mastoid Portion of the Temporal Bone," Edinburgh Medical Journal, October, 1886.

¹ Anatomisches Anzeiger I Jahrg. No. 7, September, 1886.