

able to do light work as a cow-keeper. By this time also the keloid tumours had considerably diminished in size, and some of the small ones on the chest and those on the forearm had completely disappeared, leaving a well-defined superficial cicatrix, much smaller than the tumour had been.

About the middle of December, his letter having expired, and having had no fit for three weeks, he ceased to attend, but on Jan. 12th, 1865, he reappeared. He had had a return of the epileptoid seizures, and the keloid elevations were again increasing in size. From this time he has never ceased to take the iodide, and he has also had cod-liver oil and iron. On Feb. 24th he had a fit, after an interval of five weeks. During March and April he had an attack about once a fortnight, but not of so severe a character as before. The dose of iodide was increased to eight grains, and on May 17th six grains of bromide of potassium were added. He had no fits in May and June; one on July 11th, and at this time his appetite failed. On July 19th he was shaky and trembling, and lost himself for ten minutes at a time. The bromide was discontinued. He had a slight attack on Oct. 30th. Towards the end of November he had choking sensations, and one night jumped out of bed. He was otherwise remarkably well, until about the middle of January, 1866, when, having for some time lost his occupation through the cattle plague, he had to work on the roads, and earning but a poor living, became weak, thin, and pale. On Jan. 14th he had two fits, and was shaky for some days afterwards. On the 23rd he was giddy; had numerous little fits; did not know what he was doing, and had a narrow escape from being run over in consequence. He resumed the cod-liver oil and steel wine, which he had ceased to take for some time, and the dose of iodide was increased to ten grains. On Feb. 1st he had a bad fit; on Feb. 28th, March 28th, April 22nd, very slight attacks, and occasionally he had tremblings. When last seen on May 3rd he declared that he had not been so well for fourteen years. In one or two only of the largest scars a trace of keloid structure remains. The syphilitic nodule in the tongue disappeared early, and has never returned, and the tumours on the dorsum are much reduced in size. He is able to work, and maintains his wife and family, but though his intellectual powers and his memory have much improved, he is rather childish still in his talk. It is probable that he will continue to have fits from time to time, but the contrast between his present condition and the state in which he was when first seen is very great, and the result is so far very satisfactory.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1866.

DR. P. BLACK, VICE-PRESIDENT, IN THE CHAIR.

A CASE OF PREMATURE MENSTRUATION.

BY T. C. ALLBUTT, M.B.,
PHYSICIAN TO THE LEEDS FEVER HOSPITAL.

THE patient, M. A. W.—, was seen in the summer of 1865, and was reported to have menstruated within the last few days. Her age was one year and six months. The child was then suffering from emaciation, weakness, quick pulse, and other symptoms of hectic fever. These symptoms passed off in a few days, and the child partially recovered her health. On examination, the anal and genital regions were found free from discharge, and quite healthy in appearance. On the following month the discharge again appeared, and after it had passed away the author found the child, as before, in a state of hectic, and still presenting a perfectly healthy appearance about the anus and pudenda. He was unfortunately unable, being absent from home for a while, to see the child during the continuance of the flow. In about a fortnight the child had again recovered some degree of health. On many occasions the author carefully examined the child for disease in other organs, and did not find anything of importance. At the third monthly period he actually saw the child in a menstruating state. The discharge appeared with curious accuracy at the month, and lasted about two days and a half. The discharge was sanguineous, and in every way resembled that of a girl at puberty, but was more scanty in quantity. A return of the hectic fever followed, and the child's life was endangered. She recovered, but only to be again prostrated by a

fourth appearance; and after a fifth she died, wasted and exhausted, without any effort to rally. There were no other signs of premature puberty. A post-mortem examination could not be obtained. Among many cases of premature menstruation on record, there are two in which the menses appeared at the age of nine months, and one in which the discharge appeared at the age of two years. The first two cases are reported in the "Transactions of the Royal Medico-Chirurgical Society, vol. ii., p. 116, and in THE LANCET for November, 1828, from Michel's Archives. The former cases were seen by Dr. Martin Wall. The third case is reported by Mr. Embling in THE LANCET, 1848, p. 137. In these three cases obvious signs of puberty were seen in the genital organs, mammae, and elsewhere, and these signs form a great part of the interest of the cases. In other cases of premature menstruation, exhaustion and death have occurred as in this.

CASE OF MYELOID TRANSFORMATION OF THE LUNG.

BY T. C. ALLBUTT, M.B.

The present perhaps unique case of complete myeloid transformation of the lung occurred under the author's care in the Leeds Infirmary. During life there were found complete dullness and stillness all over the left chest, and absence of vocal sounds and fremitus—or at least these, from the feebleness of the subject and the distance of the voice, were indefinable. The heart was seen to beat under the right nipple. Cough was almost absent, and there was no great dyspnoea. The intercostal spaces were not bulged, and the circumference of the left chest only exceeded that of the right by three quarters of an inch. There was some degree of emaciation and of hectic fever present. The duration of the disease was uncertain, but certainly of eighteen months' standing. There was no marked cancerous cachexia of appearance, and the progress seemed to have been slow. The boy was fourteen years of age. He remained in the house about eight weeks in the autumn of 1865, and, becoming more and more exhausted and short of breath, he left the hospital for home, where he died in a few weeks. Mr. Jessop performed the post-mortem examination for the author. The whole of the left chest was found filled with solid substance, thrusting the heart out of sight on the right side, and pushing down the diaphragm to the left kidney. The solid contents were of two kinds. The upper portion which appeared on opening the chest was of a dense fibrous character, of a greenish-white colour, and presented the form of an enlarged lung. Below this, occupying the whole back of the chest, and in contact with the costal pleura, was a considerable quantity of true myeloid matter, soft and sanguineous. Both substances contained myriads of little bones, varying from the size of a pea to that of the thumb. These being densely packed in the upper and firmer mass made it almost impenetrable. The origin of the disease was probably in the chest-walls, and had thence impregnated the lung. No attachment could be found, however, nor disease of ribs or spine. The friends of the lad stated that he had been short-winded since his earliest age, and had presented some prominence of the chest for many years.

AN INQUIRY INTO THE INFLUENCE OF PREGNANCY, THE PUERPERAL STATE, AND LACTATION ON THE DEVELOPMENT AND PROGRESS OF CHRONIC DISEASE OF THE SKIN.

BY BALMANNO SQUIRE, M.B., F.L.S.,
SURGEON TO THE WEST LONDON DISPENSARY FOR DISEASES OF THE SKIN.
(Communicated by WILLIAM JENNER, M.D., F.R.S.)

Mr. Squire related several cases of psoriasis (lately under his notice) in which the development and progress of the disease appeared to be influenced in a remarkable manner by pregnancy, the puerperal state, and lactation. From the data afforded by these cases he drew the following conclusions:—

1. That lactation is an exciting and sustaining cause of psoriasis.
2. That the period occupied by pregnancy and its sequel, the puerperal state, is unfavourable to the manifestation of the disease.

Why the puerperal state should exert the same influence as pregnancy on the eruption, and why the effect of lactation should be of the opposite kind, might not at first appear. The explanation, Mr. Squire thought, was to be found in the fact that the uterus, either when gravid or when undergoing the process of involution, was at its maximum of functional activity. Whereas during lactation its functions were more in a state of abeyance than at any other period of its functional life: more so than when menstruation was regularly taking place, and more so certainly than when the organ was either

gravid or undergoing involution. He arrived, therefore, at the following proposition:—That when a woman has exhibited a predisposition to psoriasis, her liability to an eruption of the disease at any time during the catamenial era will be inversely as the functional activity of the uterus at that time. In further support of this view he adduced the details of two more cases of psoriasis, which showed that the development of the disease may be connected with amenorrhœa. Of these examples, the one occurred at the commencement and the other at the close of the catamenial era. In the former, the first appearance of the disease coincided with the first molimen menstruationis. In the latter, the sudden and apparently premature arrest of the catamenia was promptly followed by the appearance, for the first time in the patient's life, of an eruption of psoriasis. The cases he had brought forward, it would be observed, were all of them cases of psoriasis. This was owing to his having preferred, in the first instance, following out his inquiry in one channel. He was, however, by no means prepared to say that psoriasis was the only chronic disease of the skin that exhibited the peculiarities he had described, but thought it extremely probable that further inquiry would show that other chronic diseases of the skin besides were similarly influenced by the state of the uterine functions. That pulmonary consumption might be arrested by pregnancy was well known, as well as that its course became unusually rapid shortly after delivery. But similar observations, so far as he knew, had never as yet been made on psoriasis; and it might be that there were many other instances of chronic disease, whether of the skin or of other organs, in which the control exercised by uterine influence in determining their commencement and in modifying their progress has in like manner escaped observation.

Dr. HILLIER said he could not corroborate the author's experience in reference to psoriasis. He had seen one case only of that disease in which the eruption was worse during lactation. In his experience it was subject to relapse under very varying conditions. It very often became worse in the spring and when the patient appeared in robust health. Eczema, on the contrary, he had found to be often aggravated or induced by lactation, and at the climacteric period in women. Psoriasis very commonly began before puberty, and not at all frequently at the period when the catamenia ceased.

Dr. GREENHOW said that the author appeared to have overlooked the relation existing between psoriasis and the gouty constitution, and the fact that gouty ailments were liable to appear during lactation, and would disappear when lactation was over. Thus, in the cases related the connexion might be betwixt gout and psoriasis, although the appearance of the psoriasis might be directly due to the debility induced by suckling.

Dr. A. P. STEWART said that for fifteen years he had noted the frequent coincidence of psoriasis with lactation, and also of many cases with rheumatism or gout. He agreed with Dr. Greenhow that the connexion of psoriasis with gout was very strong.

Mr. BALMANNO SQUIRE was glad to find his researches supported at least in some degree by the observations of so careful and experienced an observer as Dr. Hillier. Yet he still continued to think it not unlikely that the examples he had adduced were mere coincidences. He did not bring them forward as picked cases to exemplify a fact of which he (Mr. Squire) had become previously persuaded. On the contrary, his attention had first been attracted to the subject by the history of the first of the cases he had narrated, and the remainder were given in his paper without any kind of elimination. They were simply the history, and the whole history of the subject, as it had come before him clinically during a certain period, the only qualification for the admission of a case into the series having been psoriasis plus either exaltation or suspension of the uterine functions. Mr. Squire then recalled attention to the case of the woman who, having suffered from psoriasis before her marriage and having been subject to it since, had during her married life been five times pregnant, and on each of the five occasions had been temporarily free from psoriasis, but on those occasions only. From that case he thought the conclusion was fair that pregnancy was at all events sometimes antagonistic to psoriasis. Dr. Hillier had misapprehended him in supposing him to advance lactation as the cause of psoriasis. The tenor of his paper had, he thought, clearly indicated a presumption on his part of a predisposition to the disease in the examples he had brought forward. The object of the paper was not to show that lactation was the cause of psoriasis, but that it was an agency favourable to its development in persons in

whom a predisposition to the disease existed; and that pregnancy, on the contrary, was a condition which was, so long as it lasted, unfavourable to the manifestation of the disease. In reference to Dr. Greenhow's and Dr. Stewart's remarks, Mr. Squire said that the development of psoriasis, as was well known, was usually associated with a vigorous state of the general health, and often with a state of plethora. Gout, he believed, was allowed to be often associated with the same general condition. He saw no reason, after having made inquiries specially directed to that subject, to suppose that there was any intimate connexion betwixt psoriasis and gout, and he was inclined to think that in the instances observed by Dr. Greenhow and Dr. Stewart the association of gout and psoriasis was to be considered as dependent rather upon a common predisposing cause—viz., an exalted state of the functions of assimilation—than as due to a dependence on the part of psoriasis on a gouty condition of the system.

Reviews and Notices of Books.

The Third Report of the Commissioners appointed to inquire into the Origin, Nature, &c., of the Cattle Plague. With an Appendix. Presented to both Houses of Parliament. Royal Svo. pp. 244. With 52 plates. London: Eyre and Spottiswoode.

THE Cattle Plague Commissioners, after due deliberation, and with the assistance of some of the most scientific men of the day, have given forth a final authoritative opinion upon the whole facts of rinderpest; and their third Report deserves the closest attention. It possesses an interest not only to the veterinarian, but to all who are concerned in the study of disease. We have been prevented by great pressure of matter from noticing it till now; but this is the less important, because, unlike many Blue-books, it is not merely calculated to serve the purposes of the moment. Were rinderpest at once to disappear, the chief utility and importance of the Report would still remain; for the conclusions which flow from the investigations planned out by the Commissioners bear directly upon the causation, prevention, and cure of epidemic diseases in general. The examination of rinderpest, from "special points of view," so admirably carried out by Drs. Sanderson, Marcet, Beale, Murchison, Bristowe, Angus Smith, and Messrs. Crookes, Varnell, and Pritchard, necessarily enhances the value of general conclusions in consequence of the concentration of attention to the verification of minute details, and the inferences thence obtained go far to explain, upon analogical grounds, the phenomena exhibited by other members of the same class of diseases. There is one more feature which deserves mention: it is the thorough agreement which subsists between the independent observations and conclusions of the several investigators—strikingly manifested in the history of the morbid appearances, the effect of preventive measures, and the probable nature of the poison at work. Herein lies the value of the work registered in the Report. We shall try to indicate the leading features of the history of the cattle plague from a medical point of view.

1. *As to symptoms and course.*—The most novel point has reference to the rise of temperature: its truth rests upon the authority of Dr. Sanderson and Professor Gamgee, and is one that is at once readily applicable to the prevention, in great measure, of the spread of the disease. As we have no means of cure, it is essential that we detect the earliest signs of mischief. Within a period of from thirty-six to forty-eight hours after inoculation, a rise in the normal temperature takes place, and "at a time when the animal appears in no way ill." The disease, indeed, "can be detected at least two days earlier than has hitherto been believed." This ought to lead to an early separation of diseased from healthy beasts, and in some degree prevent the reintroduction of diseased animals into the country. Dr. Sanderson remarks—"If, as I confidently hope, a method of cure for cattle plague shall ultimately be