swelling of the leg and fever had then subsided, but there was still great stiffness of the thigh and knee, with tenderness and induration in the course of the vessels. From this time, she gradually improved, and, during the last month of her pregnancy, had very good health. A living female child was born on October 27th. Labour lasted three days, chiefly through prolongation of the first stage. Mr. Powles was contemplating the application of forceps, but delivery eventually took place naturally. The former labours had been normal. A month after delivery, the patient was found to be in fair health. The cicatrix of the abdominal incision was quite firm, and there was no trace of pelvic induration, nor any indication of recurrence of growth in a malignant form. She still remains in good health, except that she has a little pain in the leg, and the baby is doing well.

Microscopic sections of the cyst after removal showed that its internal surface was everywhere covered with villous papillae. Their epithelial covering was mainly of the columnar type, but was proliferating into tufts of irregular cells easily detached. In many places, the papillae did not project freely into the cyst, but the surface was levelled by a layer of *débris* of blood and cells, similar to that often seen on the surface of a vegetating epithelioma of the cervix uteri. Beneath the papillae was a layer of gland-like tissue, varying in depth from one-eighth to one-fourth of an inch, and evidently formed by the ingrowth of the depressions between the papillae. Its histological structure was identical with that of columnar epithelioma, except that it was sharply limited at a very short distance from the surface. The epithelial lining of the glandular acini was mainly of a columnar type, but proliferating irregularly; and in many places the epithelium was growing in the form of prominences into irregularly dilated acini, the cells here being chiefly rounded. The fibrous stroma was infiltrated with nuclei in the immediate neighbourhood only of the glandular tissue. At a few points, epithelial cells were seen in the stroma resembling those in the acini immediately adjoining.

REMARKS.—The tolerance of the uterus in this patient, notwithstanding the very protracted operation, and the high fever produced by the attack of phlegmasia dolens fourteen days afterwards, appears to be remarkable. It would seem that in most, if not in all, recorded cases in which ovariectomy or similar operations have been performed at a later stage of pregnancy than the fourth or fifth month, premature labour has followed sooner or later. Thus, of the cases recorded by Mr. Spencer Wells in 1877 (*Obst. Trans.*, vol. xix), in one (Case 6), ovariectomy was performed about the end of the sixth month, labour followed the day after the operation, but the patient recovered; in a second (Case 7), the operation was performed in the sixth month, the foetus was expelled six hours after the operation, and the patient died; in a third (Case 9), the operation was performed in the sixth month, and the patient recovered, but premature labour came on twenty-five days after the operation. In a case mentioned by Mr. Lawson Tait (*Obst. Trans.*, vol. xix), ovariectomy was performed in the seventh month, premature labour occurred on the sixth or seventh day, and the patient died a few hours afterwards. In a case recorded by Dr. Wilhelm Baum (*Berliner Klinische Wochenschrift*, 1877), ovariectomy was performed antiseptically about the end of the fifth month of pregnancy, miscarriage followed the day after the operation, and the patient had severe symptoms ending in a pelvic abscess, but ultimately recovered. Again, in the remarkable case of hydatids of the omentum, which simulated an ovarian tumour, and were removed by Mr. Knowsley Thornton in the seventh month of pregnancy, labour came on on the eighth day, the wound having opened after removal of the sutures on the seventh day. The patient ultimately recovered. (*Medical Times and Gazette*, November 16th, 1878.) And in a case of fibroid outgrowth from the uterus, also mistaken for an ovarian tumour, and removed by Mr. Knowsley Thornton between the seventh and eighth months of pregnancy, delivery took place on the night after the operation, and the patient died on the fifth day. (*Obst. Trans.*, vol. xxi.)

It is difficult to trace a direct causation for the phlegmasia dolens by which my patient was attacked fifteen days after the operation. If there had been any access of septic material, notwithstanding the carbolic spray, she would not have progressed so favourably for fourteen days after so severe an operation; and if the starting-point were inflammation near the pedicle, set up by the presence of the ligatures, it might have been expected that the right leg, and not the left, would have been affected.

THE appointment of Dr. Thomas Hatfield Walker as Medical Officer of Health for the Longtown Rural Sanitary District, Cumberland, having expired, it was, at the last meeting of the authority, proposed, pursuant to notice, to reduce his salary from £80 *per annum* (it was originally £100) to £50; but, after a long discussion, it was negatived, and he was again appointed at £80 *per annum* by 13 to 6.

NOTE ON THE NEUROTIC ORIGIN OF LICHEN PLANUS.*

By T. COLCOTT FOX, M.B.Lond.

ALTHOUGH the interesting papular eruption called lichen planus is now well known, its exact causation has always been a great puzzle. Hebra, who was the first to describe the more severe and general form, does not discuss a cause, although he states that the progress of the disease is attended by general symptoms, such as impairment of nutrition, loss of flesh, and even marasmus. He, however, remarks that these symptoms depend on the extent and progress of the eruption. Erasmus Wilson, who first described the milder affection which is not uncommon in England, could not detect any constitutional symptoms, but suggested as a cause nutritive and digestive derangement; in this he is corroborated by R. W. Taylor, who first called the attention of the profession in America to the disease. Neumann says we know nothing certainly as to its cause, and Piffard states that its etiology is unknown. Dr. Duhring noticed signs of improper nourishment, overwork, and nervous depression; and Mr. Hutchinson, in one of his clinical lectures, places lichen planus as a member of the darts family of skin-diseases, with psoriasis and pemphigus, *i.e.*, as he explains, one of the "relapsing symmetrical constitutional skin-diseases for which arsenic is proved to be more or less specific"; and he adds, "that there seems to be a number of strong facts both as regards clinical history and mode of cure in support of the creed that all the darts are produced through some derangement of the nervous system rather than of the blood". Dr. Tilbury Fox, however, in the third edition of his work on *Skin-Diseases* (1873), was the first to point out, I believe, that the affection was certainly of neurotic origin; and, in alluding to the nervous dyspepsia, menorrhagia, heart-irregularity, and other functional disturbance he met with, he asserted that they and the hyperemia and cell-change in the skin are only parts of a general disturbance of the sympathetic (trophic?) nerves. It is to this neurotic origin of the disease that I wish to redirect attention. The evidence I shall produce is certainly most imperfect, but it is given in the hope that it may form a part of other more complete proof.

In the first instance, as regards the general symptoms, although now and again we meet with a patient suffering from a mild form of the disease in whom any sign of general ill-health or cause for the eruption is not evident, just as is the case with the known neurotic diseases alopecia areata, morphea, pemphigus à *petites bulles*, and ordinary pemphigus; yet the observation of nearly thirty cases of the disease has taught me that this is exceptional. Nearly always we may elicit a history of what may be conveniently termed "nervous debility", and often in a marked form, and disturbance of the sympathetic system of nerves. The system is jaded, and there is considerable nervous depression in connection with overwork, great worry, anxiety, distress of mind, flooding after childbirth, etc. The extreme *nervous temperament* of the patients has been noted by me in several cases which came under observation prior to the development of the eruption.

In the second place, I wish to suggest that it is incorrect to place the disease amongst the inflammations of the skin. There is no true inflammatory action present, but the chronic papules are produced by persistent neuroparalytic hyperemia and its results, *viz.*: dilatation of the vessels and engorgement of the tissues with blood, the escape of leucocytes, oedema, hypertrophy of various structures, and slight desquamation. It is not necessary to call in the disturbed action of trophic nerves to supplement that of the vaso-motor apparatus.

Thirdly, I shall not press any argument derivable from the grouping of the papules or the habitat of the eruption, but I wish to describe two cases where the papules were distributed in a manner the significance of which will be at once apparent.

CASE I.—C., aged 50, a stout but active man, engaged in farming, had rheumatic fever in 1876, but without heart-affection. He was left much debilitated, and, in April 1878, suffered from herpes preputialis. In July 1878, he had pains in his legs, and was lame for some time; but, on that condition disappearing, he sought advice, in August 1878, for the outbreak of the eruption of lichen planus, which was most typical in character. He was excessively low-spirited, and in an exceedingly nervous state. The eruption was limited to the region of the elbows, the back of the right thigh, and to a narrow band which extended down the inner half of the front of the right thigh, on the inside of the knee, and, increasing in width on the inside of the calf, terminated just behind the internal malleolus.

CASE II was an almost precisely similar case, seen also nearly at the

* Read in the Subsection of Dermatology at the Annual Meeting of the British Medical Association in Cork, August 1879.

same time. The band of characteristic flattened purplish papules extended similarly all down the inner side of the left leg, and there were some papules on the front of the wrists. This gentleman was in a condition of extreme nervousness, and had been subjected to considerable worry.

In concluding these remarks, I wish to take the opportunity of placing on record a case, in which the typical lichen planus of Wilson terminated in the lichen ruber of Hebra; and I do so, because one of the more recent authors, in arguing against the identity of nature of the two affections, states that such a transition has never yet been recorded.

J. D., aged 50, a stout, plethoric, very dyspeptic, gentleman, applied for relief in May 1878, from the eruption of lichen planus on the arms and about the thighs, and also from the itching of urticarial wheals about the body. Both eruptions had been out for about a year, and, eighteen months previously to that he had lost his wife, and, shortly after, a considerable fortune by speculation. In consequence, he was very nervous, depressed, working long hours to retrieve himself, and feeding irregularly. Up to the end of August 1878, by careful and regular dieting, and the treatment by mineral acids, bark, iron, cod-liver oil, and arsenic, he had improved considerably in general health (but not in spirits), though only after several relapses. The urticaria had quite disappeared. In the beginning of September 1878, however, although Fowler's solution had been administered (three to six minims thrice daily) since May, the lichen rapidly appeared again, and over extensive areas. In a few weeks, the eruption thickly studded the whole of the trunk and limbs, and the aggregated papules could be traced joining with other collections to form extensive sheets, which almost continuously covered the surface. The skin at this stage was turgid, of a deep red colour, and slightly scaly. All trace of papules was lost, except in a few situations; and, indeed, one was reminded of pityriasis rubra, excepting that the desquamation was less extensive. The itching was intense; and the health deteriorating rapidly from sleeplessness and from unremitting business worries, the gentleman was sent to Harrogate, where, under Dr. Myrtle's care, he steadily improved in health.

CLINICAL MEMORANDA.

THE NATURE OF RHEUMATIC SYMPTOMS.

THE immense majority of morbid symptoms are of an inflammatory nature; and there might naturally be a tendency to attribute to inflammation phenomena which were, in truth, of an essentially different type. I will first remark that increased functional activity might, in certain cases, be mistaken for inflammation—especially if the function were not obvious and the process long continued. The blushing, swelling of, and effusion from, the gastric membrane during digestion are symptoms which resemble in a degree those of inflammation; but here the function is so obvious, its action so evanescent, that no mistake is possible.

But let us examine fibrous tissues, and ascertain whether they discharge duties other than those of merely mechanically connecting parts together. Now, it is a fact (which has, I think, hitherto escaped the eye of the pathologist) that fibrous tissues perform an important physiological function. They are bathed in blood-plasma, derived from capillaries in the neighbourhood; and, after the tissues have been nourished thereby, the remains of this plasma find their way into the rootlets of lymphatics; for in fibrous tissue lymphatics originate. In this manner many broken down and effete products are transmitted from the blood into the lymphatic system, and become again converted by lymph-glands into serviceable substances.

Here, then, we have an eliminative system; and, should an excess of such effete matters accumulate in the blood, is it not possible that nature might ordain an increased activity of this system? Suppose that such was the case, what symptoms would encounter us? In regions where fibrous tissues predominate, there would be dilatation of the capillaries, in order that plasma might more readily permeate their walls; there would be effusion, giving rise to swelling, and, by pressure upon the nerves, to pain. Now, I venture to think that such a series of symptoms would be particularly apt to be mistaken for inflammation. A few points, however, would guide us in our diagnosis. We might watch the results, and observe whether any of the usual sequelæ of inflammation made their appearance—such as suppuration or organisation of effused products. We might ascertain whether the process resolved itself slowly, after the manner of inflammation; or whether it ever vanished suddenly, as a functional process might do. We might, moreover, search for any increase in the fluid contents of those large lymphatics, the serous cavities, and, putting the results together, form a diagnosis.

Now, rheumatism is a disease due, in all probability, to the accumu-

lation of some effete matter in the blood, and in this disease we perceive all the phenomena above indicated. We observe hyperæmia and effusion in fibrous textures, but never any inflammatory sequelæ—such as suppuration or new formation. The process, too, is often volatile, and may flit from joint to joint—a fact which inevitably suggests its functional nature. There is engorgement of those large lymph-sacs, the serous cavities, an engorgement which may in the case of the pericardium whose unceasing movement is necessitated, give rise secondarily to true inflammation.

I believe, then, that rheumatism is due to the accumulation of some morbid matter in the blood, and that the symptoms are traceable to an effort on the part of nature to eliminate that matter.

GEORGE BUDD, Junior.

OBSTETRIC MEMORANDA.

OBSTINATE VOMITING IN PREGNANCY.

MRS. D., aged 37, consulted me in July last. She was the mother of four children, the youngest being ten years of age. She had been a widow for nine years, and married to her second husband less than twelve months. Whilst pregnant with her four children, she had had no sickness worth mentioning; but, about six months ago, and soon after missing a period, sickness commenced and became most persistent, all food returning at once. She was seen by four different medical men, who tried medicines, hypodermic injections, and attempted to dilate the os uteri with the finger, as originally recommended by Dr. Edward Copeman (whose death I regret to see announced in the JOURNAL); but I gather from them that the hard and gristly cervix prevented the introduction of the finger. The patient's condition becoming desperate, labour was induced as the only means of saving her life. She recovered, and remained well till she was again about six weeks' pregnant, when the sickness returned; and, after continued vomiting for nearly a week, I saw her. The cervix, and especially the posterior lip, was hard and gristly, and I could not even introduce my finger within the os, nor was I successful with a sea-tangle tent. For two days, I tried various remedies both by the mouth and hypodermically. Matters, however, only grew worse; and, on the third day (as a last attempt, before inducing labour), I passed with difficulty a long and slightly anteriorly curved throat-forceps an inch within the os, and gently, but with some force, separated the blades half an inch. I then repeated this laterally. The effect was almost immediate; food was retained, the patient quickly regained strength, has continued well since, and last week, after a quick labour, gave birth to a fine female child.

J. FARRANT FRY, Swansea.

SURGICAL MEMORANDA.

DISLOCATION OF THE WRIST-JOINT.

THE extreme rarity of this injury induces me to record the following case.

J. R., aged 15, while employed in a coal-mine, had occasion to ride on a train of underground wagons, which were going at considerable speed, when, by the wagon in which he was riding leaving the rails, he was violently thrown and sustained a fracture of the left clavicle, a fracture of the right femur in its middle third, a fracture of both tibia and fibula immediately above the left ankle-joint, an extensive scalp-wound (laying bare a large portion of bone), and a complete dislocation of the right carpus on to the dorsal aspect of the radius and ulna. The numerous fractures and the scalp-wound having been first attended to, reduction of the wrist-joint was easily effected; and it was put up in two temporary splints, extending from the middle of the hand to the elbow-joint. On removal of these splints two days afterwards, there was found to be no swelling or pain in the articulation, and he had considerable mobility of the joint. He has now, fourteen days after receipt of the accident, perfect use of the wrist, and otherwise is progressing favourably.

The necessity of publishing such cases as this is at once apparent, when we find that the possibility of dislocation of the wrist-joint occurring at all is not only doubted, but denied, by surgeons of great eminence and extensive experience. The late Professor Syme told me that, although he had then been forty years in practice, he had never seen a case. Dupuytren states, as his opinion, that "there was not a single unequivocal instance on record of a dislocation of the radio-carpal articulation, and that he invariably found these pretended accidents always turned out to be fractures of the radius near the articulation". Sir Astley Cooper says that "dislocation of both bones is not of very