spoken to. On the morning of April 7th, seeing the temperature at 105, her pulse 120, and respirations 48, I determined to commence quinine in large doses. A glance at table No. 4 will show the progress of the case. The quinine was administered day and night perseveringly, in ten- and fifteen-grain doses. On the night of the 9th and part of the 10th, also on the night of the 12th and part of the 13th, it was omitted, producing on these occasions vomiting and great straining. The usual dose was ten grains every four hours, occasionally every third hour. She had no other medicine throughout her illness. The quinine was administered with spirit of chloroform and aromatic sulphuric acid. She was taken into the convalescent ward on April 26th, and was ultimately discharged cured. She was liberally supported throughout with brandy mixture and claret.

Date.	Day of Disease.	Pulse.	Respiration.	Temperature.	
April 5...	5	120	36	102	
" 6...	6	114	28	101.3	
" 7...	7	120	48	105	Quinine commenced.
" 8...	8	112	36	100.6	Do. repeated.
" 9...	9	126	38	102.4	Do. do.
" 10...	10	130	36	102	No quinine.
" 11...	11	132	36	103.2	Quinine given.
" 12...	12	132	40	105	Do. do.
" 13...	13	120	40	101.5	No quinine.
" 14...	14	120	36	105	Quinine given.
" 15...	15	120	36	102	Do. do.
" 16...	16	108	30	102.4	Do. do.
" 17...	17	120	30	105	Do. do.
" 18...	18	120	30	103.5	Do. do.
" 19...	19	120	30	102.9	Do. do.
" 20...	20	114	30	102.2	Do. do.
" 21...	21	100	28	100.2	Do. do.
" 22...	22	84	26	91.2	

This last case is an example of a form of intermittent fever, of which I saw many examples during the late epidemic of small-pox, with high temperature, relapses, and copious diaphoresis. It occurred during convalescence, and often when the patients had left hospital.

REMARKS ON PSORIASIS.

By A. S. MYRTLE, M.D.,
Consulting Physician to the Harrogate Bath Hospital.

THE communication of Mr. Balmanno Squire on the Etiology of Psoriasis deserves notice, as everything bearing upon that most inveterate disease must, so long as we know so little regarding its pathology and treatment. As a very considerable number of chronic skin-diseases come under my care every year, I trust the observations I am about to make may be found worthy of a place in the JOURNAL.

I do not agree with Mr. Squire in his supposition that psoriasis (*lepra vulgaris*) is the disease meant in Scripture when the word leper, or any of its derivatives, is employed. It ought to be borne in mind that where the appearance of the skin is spoken of as being "as snow" (the word white does not occur in the original, and is never used by eastern nations as it is by us), there are only three cases mentioned—Moses's hand, Miriam's case, and Gehazi's. Now these were not examples of disease in the ordinary sense or natural course, but instances of miraculous interference with healthy skins, and we, therefore, cannot take them into account. I suspect that all cutaneous diseases, scabies, favus, porrigo, herpes, eczema, psoriasis, and elephantiastis (true leprosy) are spoken of in the Bible under the general name of leprosy; and, as the treatment adopted by the priests was the same in each, and certainly is not such as we would think of resorting to, even were it lawful, we need not speculate whether psoriasis was the disease for which such stringent regulations were enforced among the Jews or not. One thing strikes me as worthy of remark; namely, that whereas the word "white" is applied to the hair and spots of the leper, and "snow" to the three miraculous cases above-mentioned in the Old Testament, in the New we have no mention of the colour of the skin, each case is simply spoken of as "a leper." Doubtless the term leprosy was frequently made use of to indicate that the man, garment, house, or article of furniture was unclean, contaminated, capable of conveying infection; in fact, anything but "white," which is generally associated with purity.

In common with others, I have been struck with the number of cases where the disease is confined entirely to parts of the body which are always under cover, and often its existence is only known to the individual, who keeps his secret even from his ordinary medical attendant as well as his relatives. When anything affects the skin, it seems a law that the individual shall strive to hide it as long as possible, and when it can no longer be hidden, often the first person who is made acquainted with matters is the specialist. Accordingly, we may reckon that psoriasis is much more frequent than is known even to the profession. There can be no doubt as to its being hereditary, but it is by no means always so, and is perpetually occurring spontaneously. It cannot be traced to any diathesis except its own, and is more prone to attack the "blooming and healthy," as Hebra states, than the pale and weedy. Race, country, climate, diet, as far as I have been able to ascertain, have nothing to do with it, and even the habits of the individual seem incapable of affecting his condition; every now and then we find cases where symptoms become worse or better at certain seasons—some in spring, others in autumn or winter, but these, for the most part, are exceptional.

As for treatment, I feel satisfied from extensive personal observation, that protracted oft-repeated courses of arsenic, mercury, and iodine, whilst they undoubtedly relieve local symptoms, do so in the great majority of instances only temporarily, whilst they permanently exercise in many a baneful influence on the general health or condition of certain viscera.

The depressing effect of this disease on the spirits, especially of the young, is great and constant; in the male this is not so much the rule as in the female. With her, psoriasis too often proves a barrier to all that makes life desirable; she cannot go into society and dress like other girls, from whom she is virtually set apart; she may be admired, have offers of marriage, but all is a mockery. Under these circumstances we need not be surprised that she should grow melancholy, and ere long fall a victim to decline; this is all the more likely to happen after often promised cures and as often repeated disappointments.

External applications of the various preparations of coal-tar, creasote, carbolic acid, and mercury or iodine, singly or in combination, are most useful, and cannot with ordinary care be injurious. The internal and external use of mineral waters frequently exert a most beneficial influence where other means have failed, but in old standing cases no good need be looked for unless these are steadily persevered in for months. I have now several boys and girls under my care who have been sent to Harrogate, for the double purpose of trying the effect of its waters and allowing their education to go on at the same time at one or other of the many schools with which the place abounds; and I am not only satisfied but the patients and their friends are delighted with the result, contrasting, as they do, most favourably with that obtained from all other methods of cure previously adopted.

ON THE INDUCTION OF PREMATURE LABOUR.

By JOHN BASSETT, Esq.,
Professor of Midwifery in Queen's College, Birmingham.

THE induction of premature labour is one of the established operations in midwifery. The various circumstances which necessitate its performance, and the different methods by which the operation can be accomplished, are set forth in detail in the text-books on midwifery, but nowhere so concisely and clearly as in Dr. Barnes's well-known and inestimable treatise. I do not propose in this note to travel over the whole subject, but to draw attention to what Dr. Barnes has laid particular stress upon; viz., the different treatment which is required in the varying degrees of contraction. If the pelvis measure from three inches and a half to three inches in the conjugate diameter—the operation having been undertaken at the right time, the child's head being of average size, and with no unusual ossification, and the uterus of normal power—then, the uterus having been set in motion, the case may be left to nature, and it will usually terminate without interference; but when the pelvis measures three inches only in its conjugate diameter, and the same circumstances as indicated above are present, then the child's head will be so long delayed at the brim that its life will be very likely to be sacrificed. Therefore it is proper, as soon as the soft parts are sufficiently dilated, to perform the operation of turning, unless during the stage of dilatation the head have so far entered the brim of the pelvis as to permit the forceps to be applied with facility. Where the third degree of contraction exists, the conjugate diameter measures less than three inches; here, under ordinary circumstances, both turning and craniotomy will be required. I have recently had under observation a case in which the pelvis measures three inches only in its antero-