

that the attack is always worse before menstruation. From June, 1902, until October, 1905, I did not see her. During this period her condition has been much the same except that now she is sometimes free from the eruption for three weeks, but when it does come, it is more severe and always worse if it comes out before menstruation, and if this is delayed it aggravates the outbreak. I treated her with Extract of Ergot with some improvement. During the past year, and especially during the attacks, the submaxillary lymphatic glands become enlarged as do the glands of the neck.

This case has puzzled me greatly: why the face only should be affected in an apparently otherwise healthy girl, and I wondered whether the rash was self-induced. So far I have found out nothing, but the girl remains an unhappy creature who is a worry to her family and a nuisance to herself.

The bullæ have never appeared in mouth or throat and never on the hairy scalp or hands. None of the other members of the family have ever had a similar eruption.

The cause of many of these bullous eruptions is obscure. It may be connected with menstruation, but in this case why, if due to some general cause, does it appear only on the face? Why has it lasted so long, and why is the girl's general health so good? I cannot divest myself of the feeling that the eruption may be self-induced, though such an explanation when submitted to the parents was scouted as absurd. I should be inclined to regard it at any rate as a trophocrosis.

DISCUSSION.

Dr. L. DUNCAN BULKLEY said the case reported by Dr. Shepherd was exceedingly interesting to him, as he had for the past ten years kept a record of all cases of skin eruptions coming under his observation or reported in literature, in which menstruation apparently had some connection with the disorder. His personal list already embraced over ninety cases in private practice of various kinds of skin lesions which were apparently more or less directly connected with disturbances of the function of menstruation, and a thorough review of the literature revealed large numbers on record. Among the cases he had collected there were several types of eruption in which the lesions made their appearance a few days before menstruation, and disappeared a few days after its cessation. There were also several cases in which a herpetic eruption, or lesions of the bullous and pemphigoid type appeared with each menstrual epoch.

Dr. Bulkley said that various theories had been advanced to explain