Guy's Hospital Reports. Edited by Samuel Wilks, M.D. Third Series. Vol. X. London: Churchills: 1864.

Guy's Hospital Reports have long enjoyed a well-merited reputation, founded on the excellent practical and scientific papers which they have contained. Under the present editor there has been no falling off, and the volume before us is worthy to take its place with any of its predecessors.

The first paper is entitled "Fourth Report of the Guy's Hospital Lying-in Charity," and is drawn up by Dr Braxton Hicks. It embraces a period of nine years, during which time 14,871 women were attended. It is satisfactory to find that there has been a great improvement in the death-rate, which, during the period under consideration, has been 1 in 340; the death-rate of the former twenty years was 1 in 140. This improvement is chiefly due to the great diminution in the number of malignant cases of puerperal fever. The report gives some interesting information regarding cases of induction of premature labour; placenta prævia; retained placenta; version; instrumental deliveries; eclampsia; and some other subjects.

The second paper, by Mr Bader, is on "The Treatment of Granular Conjunctivitis by Inoculation with Pus." This mode of treatment, of a very troublesome and often intractable affection, appears to have been first employed in the Austrian army about 1812; it seems to have been frequently successful, but the severity of the inflammation set up in some cases, which sometimes led to total loss of vision, led to its abandonment. Of late years the proceeding has
been revived, and a good many cases treated successfully by it have been recorded. Mr Bader, during the last seven years, has treated about 157 cases (240 eyes) by inoculation, and the results seem to have been in suitable cases very satisfactory.

Dr Habershon contributes the next two papers; the first "On the Medical Preparations of Arsenic;" the second on "Two Cases of Disease of the Supra-renal Capsules with bronzing of the Skin." From the former of these, we extract Dr Habershon's conclusions with regard to employment of arsenic.

"There are three forms of disease in which arsenic is of service:—(1) Miasmatic poisoning; (2) diseases of the skin; (3) some diseases of the nervous system; and in the treatment of these some general rules may be laid down for the administration of arsenic.

1. The preparations of arsenic are best given in solution; the medicine can be more accurately measured and its dose better proportioned; in the fluid state they are more readily absorbed, and the action is more efficient.

2. The best time to take the remedy is soon after a meal; for in this way any irritant effect is less likely to occur, and the drug may be increased in quantity, and its use continued for a longer period than could otherwise be the case.

3. If it be desired to give arsenic with quinine, the acid solution in hydrochloric acid will be found to be a convenient form of administration.

4. In states of great febrile excitement, especially when associated with furred tongue, retained excretions, and congestion of the chylopoietic viscera, arsenic is not well borne; and it is well to attempt the removal of these symptoms before commencing its use.

5. In states of great irritability of the stomach and bowels, it is better to postpone its use till those symptoms have been relieved.

6. In diseases of the nervous system having among their symptoms a contracted state of the pupil, with vertigo, arsenic is not generally of service. Thus, some forms of neuralgic pain in the head are greatly relieved by arsenic, but we shall often be disappointed in its efficacy unless the instances be carefully selected.

7. If menorrhagia and dysmenorrhea be present with maladies in which arsenic might be of service, the former symptoms will often be aggravated by its administration.

8. Although strumous disease does not necessarily preclude arsenical medicines, they are better avoided where much enlargement of the lymphatic glands exist.

9. In acute diseases of the skin, preparations of arsenic are often prejudicial.

10. They are of but little service in true syphilitic eruptions.

11. Disappointment in the efficacy of arsenic has often arisen from the dose not being properly increased, and from the discontinuance of the remedy before the disease has been thoroughly cured.

12. Whilst the experience of the profession more than confirms its value in chronic skin disease, in cancerous disease it is regarded as comparatively valueless as an internal remedy, and dangerous as an external one.

13. Although irritability of the stomach and bowels, as well as the mouth and conjunctiva, may be induced by arsenic, these symptoms do not necessarily compel us to discontinue its use, for a diminution of the dose, and admixture with an opiate, may remove the symptoms.

14. Where very minute and continued doses induce a general sense of exhaustion, with compressibility of the pulse and loss of appetite, although there is no irritation of the mucous membrane of the alimentary tract, the arsenic must for a time, at least, be discontinued.
15. The acid solution of arsenic may often be used very advantageously with the preparations of iron, and in some forms of chronic disease of the skin in strumous subjects the solution of the iodide of arsenic will be found an exceedingly advantageous form of administration, as recomended by Beitt, Thomson, Neligan, etc.

16. The arseniates of soda and of iron have been recommended as milder in their action than the arsenites. There is some doubt whether the arsenic acid becomes changed in the system, for in an instance in which the arseniate of soda was given for several days, Dr Stevenson could detect none of the per-acid in the urine.

The two cases of supra-renal disease are very interesting, and are quite confirmatory of the observations of Dr Addison, Dr Wilks, and others. The first case was a girl nineteen years of age, who had suffered for two years from slight pain in the stomach, sickness, and gradually-increasing prostration. The skin gradually got dark in colour, so that when admitted into Guy’s Hospital she presented the appearance of a mulatto. She remained in the hospital for two months, and then left unrelieved. She lived for nearly three years afterwards, and then died somewhat suddenly. On post-mortem examination, all her organs were essentially healthy, with the exception of the supra-renal capsules, which were converted into masses of “a white, low-organized product, surrounded by dense tissue; fatty and semi-cretaceous substance replaced the normal structure. Under the microscope, fibroid tissue, imperfect cell-growth, and highly-refracting granules were observed.”

The symptoms and post-mortem appearances in the second case—a lad, aged 18—were very similar.

Dr Habershon regards the disease as influencing the system through the vaso-motor nerve. “The sickness, exhaustion, compressible pulse, and failing power of the vital function, are not peculiar to this disease of the supra-renal capsules; and even discolouration of a very similar kind is found in other maladies. Thus, in the exhaustion from long-continued lactation, there is great weakness, a compressible and irritable pulse, disturbance of the stomach, and very frequently patches of discolouration are seen about the forehead and face, as well as on other parts of the body. Here the vaso-motor nerve and the whole cerebro-spinal system of nerves are affected from exhausted uterine function; but the cause is a removable one, and the disease is therefore remedial; but in extensive deposit in the supra-renal capsule, the sense of irritation and exhaustion to the vaso-motor nerve is persistent, and consequently the malady is progressive.”

The paper is illustrated by two plates; the first gives a coloured portrait of the girl whose case is recorded; the second shows the nervous connexions of the supra-renal capsules.

The next paper, by Mr Bryant, is entitled “Clinical Report on Inflammation and Tumours of the Breast,” with special reference to their diagnosis. The paper is a valuable one, and is well worthy of the attention of the surgeon.
Mr Towne contributes a paper, in which he supplements former writings on the stereoscope and stereoscopic results. His theory of vision is that of Newton and Müller, assuming "that an object is seen single because its pictures fall on corresponding points of the two retinæ,—that is, on points which are similarly situated with reference to the two centres, both in distance and position, corresponding points of the two pictures falling on corresponding points of the two retinæ." Mr Towne describes some ingenious experiments devised with a view to afford additional evidence in proof of the existence of identical light-receiving points upon the two retinæ, and of the perfect identity of action and of sensation which exists between them.

Mr Cooper Forster records an interesting case of intestinal obstruction depending upon the passage of a small loop of the lower portion of the ileum through a constriction of the peritoneum, situated opposite the right obturator foramen, but within the abdomen. There were all the symptoms of strangulation of the intestine, though, on examination of the outlets, no hernia could be detected. Mr Forster accordingly expresses his regret that he did not make an exploratory incision, with a view to searching for the source of constriction.

Dr Hilton Fagge gives the particulars of the case of a woman admitted into Guy's Hospital, complaining of pain in the back of the right thigh, with hardness and swelling at the inner and lower part of the tuber ischii. Constitutional symptoms were severe, and the patient died about a month after admission. On post-mortem examination, a ruptured aneurism connected with an abnormal vessel was discovered. A large quantity of blood was found beneath the gluteus maximus; blood had extended through the sacro-sciatic notch into the pelvis, and also among the muscles of the thigh towards the front. The vessel with which the aneurism was connected arose from the internal iliac, ran parallel to the sciatic nerve, and was of about the size of the femoral artery; it terminated in the popliteal artery. The femoral artery itself was small, and terminated in a branch, apparently the superficial part of the anastomotica magna, which ran near the internal saphenous nerve. The case is one of great interest, and it is unfortunate that the examination, having been performed, not in the dissecting-room, but in the post-mortem theatre, was incomplete; in particular, the condition of the arteries in the opposite limb was overlooked.

Mr John Birkett is the author of two papers. In the first he describes a remarkable case of disease affecting the shaft of the tibia. The patient, a woman, 43 years of age, sustained a simple fracture of the left tibia about its middle, by slipping upon the street. The leg was put up in the usual manner, but after the expiration of about a month, when the usual amount of consolidation around the fragments had taken place, a persistent swelling attracted attention. It was situated over the front of the tibia, and
the patient now stated that it had existed for six months. The bone united, but the tumour remained. She was discharged, but was re-admitted nine months afterwards, on account of pain at the seat of fracture. The tumour was rather larger than before, and in its outline closely resembled an ordinary node. The pain did not yield to treatment, and at length became so agonizing that an exploratory incision was made into the tumour. It was then found that a soft vascular growth was situated within the shaft of the bone, and extended a considerable distance upwards and downwards. After this examination the sufferings of the patient became aggravated, and the growth increased; amputation of the limb was accordingly performed. The upper flap, however, sloughed, uncontrollable vomiting set in, and the patient died on the fifth day after the amputation. Mr Birkett's own opinion is, that the growth was of a simple or fibro-plastic character. For our own part, after looking to the whole progress of the case, and to the character of the growth itself, we cannot avoid coming to the conclusion that the growth was of a malignant nature. This opinion is strengthened by the rapidity with which the tumour grew after it had been interfered with, and by the severity of the symptoms which followed the amputation.

Mr Birkett's second paper is an elaborate one, entitled, "Cases of Inguinal Hernia depending upon Abnormal Conditions of the Vaginal Process of the Peritoneum." The cases, thirty-five in number, are arranged in the following order:

"I, A.—Those in which the vaginal process of the peritoneum remained open along its whole extent.

"I, B.—Those where a constriction of the vaginal process of the peritoneum constituted an impediment to the reduction of the hernia, and was the cause of its strangulation.

"II.—Cases of hernia associated with malposition of the testicle.

"III.—Those depending upon an open state of the funicular division of the vaginal process of the peritoneum.

"IV.—The cases in which the canal of the vaginal process of the peritoneum remains unobliterated, whilst its ventral orifice is closed, and a hernia pushes its sac before it along the open tube."

Dr Alfred S. Taylor contributes three papers. The first is headed, "Cases and Observations in Medical Jurisprudence," and contains reports of cases of poisoning by various preparations of mercury, by aconite, by ammonia, by alcohol, by nitrobenzole, and by aniline. There are also some observations on the process for detecting chloroform in the blood, from which it appears that although chloroform, when added even in small quantity to blood, can be readily detected by the decomposition of its vapour by heat, the process cannot in actual practice be very much depended upon.

"Some years since," says Dr Taylor, "in conjunction with the late Dr Snow, I examined by this process the blood of a boy who had died in Guy's Hospital from the effects of chloroform vapour, but
without detecting any trace of it. There was no odour in the blood, and the result was negative. In 1863, I examined on three occasions blood taken from patients while they were under the full operation of chloroform. It was brought from the operating-table of Guy's Hospital, where it had been collected in closely stopped glass bottles. One of the samples, examined within half an hour after removal from the living body, had no odour of chloroform, and gave not the slightest chemical indication of its presence. The two other samples kept in close bottles until tested forty-eight hours after removal, did not contain a trace of chloroform vapour. Either the quantity in a few ounces of blood is too small for detection, or it is rapidly lost by its volatility, or it is converted in the blood into formic acid or some other product, and is thus withdrawn from this method of analysis."

In his second paper Dr Taylor records a case of poisoning by the external application of arsenic. An ointment containing arsenic was applied to the head of a child with a view to destroying lice, and death took place ten days afterwards. The symptoms were comparatively mild, and there was no vomiting or gastric pain, although there was found to be inflammation of the stomach and bowels, pointing to the specific action of the poison on the mucous membrane of the alimentary canal. On chemical analysis, minute traces of arsenic were obtained by Reinsch's process, from the liver, stomach, and intestines.

Dr Taylor's third paper is on a case of death from the rupture of the uterus. The rupture took place after one prolonged pain, without any previous symptoms calculated to lead to a suspicion of what was about to happen.

Mr Edward Cock records some interesting cases of aneurism, and Dr Owen Rees contributes a short paper entitiled, "Clinical Remarks on Calculous Disease." The principal object of Dr Rees' paper is to prove that cases of renal calculus are frequently met with without the occurrence of hæmorrhage in such form as to attract the attention of the patient, and that the physician may even fail to detect it microscopically. The following remarks on the character of the pain in this affection are worthy of attention:—

"As regards the seat of pain in cases of calculus, I have heard it laid down as a rule that, even if it happens to exist on both sides of the body, it is always felt more on one side than the other. Now, this, though a good general rule has very numerous exceptions, and I have frequently met with cases in which calculi have passed from the kidney after the occurrence of the full catalogue of symptoms usually described as significant of their presence, with the exception that no pain had been felt in the lumbar region. The whole discomfort in these cases has been referred to the sacrum, and so far as the patient could determine, not more on one side than on the other.

"There is, again, a peculiarity with regard to the seat of pain when calculus exists in the right kidney which is very apt to deceive, notwithstanding that it has been long ago described by the older writers.

"The pain in these cases is referred to the right hypochondrium. It extends downwards towards the umbilicus, but not to the lumbar region. There is a feeling of great distention over the colon, and the bowels are constipated."
"These are the symptoms so often regarded as significant of the passage of biliary calculus, an error easily committed if blood be not perceived in the urine."

Dr Braxton Hicks has a paper "On the Glandular Nature of Proliferous Disease of the Ovary, with Remarks on Proliferous Cysts." The paper is illustrated by some well-executed drawings.

Dr Pavy contributes a paper "On the so-called Amyloid Degeneration." Having given a short sketch of the history of his subject, Dr Pavy proceeds to inquire into what is the real nature of the degeneration in question. He does not agree with Virchow in considering it to be of an amylaceous or amyloid character, but comes to the conclusion (which is supported by chemical analysis), "that we have in reality to deal with an albuminous or nitrogenized body." Dr Pavy, therefore, considers that the term "amyloid," as applied to this degeneration should be abandoned, and that either the term lardaceous or waxy should be employed.

The following are Dr Pavy's remarks with regard to the effects of iodine on tissues affected with this form of degeneration,—

"From the observations I have conducted it has seemed to me that the coloration of the lardaceous matter effected by iodine has depended upon a simple absorption of the reagent. My impression is that the coloration is not the result of a definite, coloured product, like the product of union between iodine and starch or iodine and textrine, but is due to iodine as such, which is absorbed much more greedily, as it were, and held more firmly by the lardaceous deposit than by ordinary forms of animal matter. Unlike, in other words, the reaction of iodine with starch, textrine, or the amyloid substance of physiology, the colour appears to depend on the iodine alone, its intensity being regulated by the amount absorbed or deposited.

"Undoubtedly, according to my experience, the colour, in arriving at black, passes through shades of red and brown and not of blue. This I have observed not only during the heightening of the colour, but likewise during its fading under the influence of exposure to boiling in a test-tube."

We are ourselves quite satisfied of the soundness of Dr Pavy's remarks, and agree with him in thinking that the term "amyloid" should be abandoned as calculated to mislead.

The two remaining papers are by Mr Hinton, on disease of the ear after scarlet fever, and by Mr Durham on certain abnormal conditions of the bones. In conclusion, we can recommend this volume of "Reports," both to the physician and the surgeon, as containing a large amount of interesting matter.

Gunshot Wounds and other Injuries of Nerves. By S. Weir Mitchell, M.D., George R. Morehouse, M.D., and William W. Keen, M.D., Acting Assistant-Surgeons, U.S.A., in Charge of U.S.A. Wards for Diseases of the Nervous System. Philadelphia: Lippincott and Co.: 1864. Pp. 164.

Men do not gather figs of thistles or grapes of thorns; yet one of the nearest approaches to such a reaping of what one has not sown, is to be found in the medical history of a great war.
While at first there seems enough to be done in dressing the wounds, and no time for registering the symptoms of the hecatombs of the hurt; as the war goes on, and specially as it nears its close, hospital arrangements are perfected, and numbers of surgeons are added to the staff; and this is the time when science reaps her harvest, not in any sudden advances in practice or startling novel-ties in theory, but in the careful registers of numberless clinical cases, and the comparison of hundreds of strange yet illustrative pathological facts.

The enormous magnitude of the war in America, which has now verged into a conquest, has made it one of the most magnificent fields that could well be conceived for the true exercise of our vocation—saving of life and limb.

An administrative arrangement, initiated by the then Surgeon-general, Dr. William Hammond, has been the means of making certain hospitals (especially in Philadelphia and its neighbourhood) peculiarly well fitted for advancing the scientific study of surgical disease, as well as for the special treatment of the patients. We refer to the plan of grouping different sets of cases in different hospitals.

On a small scale this arrangement would have financial and administrative disadvantages, but on the enormous one on which things have had to be done in America this is not the case. The hospital for "stumps" and stumps alone, at Philadelphia, contained 600 beds and rarely fewer than 550 patients.

The book, the name of which heads this notice, is the fruit of one of these special wards, "for diseases and injuries of the nervous system," chiefly, of course, the result of gunshot wounds, and consists of a digest of the careful records of 120 cases of this nature, seen by the authors during a period of fifteen months.

It is only one of a series of papers (some of which are frequently referred to in the text) on allied subjects; such as, malingering, reflex paralysis, muscular hyperæsthesia, and spinal affections, all by the same authors.

Besides its value to practical surgeons, from the many details of treatment it gives, this work will be specially interesting to physiologists and neuro-pathologists, from the extreme care with which the cases appear to have been taken, and the exactness and minuteness of the descriptions of the effects of the injuries on motion and sensation.

A point or two of special interest may be noticed.

On the question of local shock, from the passage of a ball near a nerve, e.g., the great sciatic, we read,—

"The most difficult fact to explain in this connexion, is the great frequency with which a gunshot injury of a nerve causes total loss of motion and very little of sensation. It would be natural to suppose, that a ball striking a nerve, or passing near it, would equally damage its motor and sensory fibres. Practically, it is the motor filaments which suffer most severely, most often, and most extensively. Nor is this less true of the case in all stages, for we
find that the lesions of motion are always the least readily relieved and the last to improve."

Under the head of "Spinal Commotion," an interesting class of cases is given. In these, a ball passed over or alongside the spine, in some injuring only a spinous process,—in others with no injury to the bones at all,—yet in all paralysis, complete though not permanent, of one or more extremities, occurred. In one, though no bones were injured by a wound in the neck, paralysis of all four extremities occurred and lasted for months.

In the chapter on Injuries of Special Nerves, one case of wound of the sympathetic in the neck is of extreme physiological interest, from its effects on the pupil, and on the vaso-motor system of the affected side.

The remarks on the particular condition of the skin and appendages, as the results of nerve injuries, are very good. "Two distinct varieties are observable." The first is well known, the result of entire division of the nerves of a limb, seen in total palsies. The second, or "glossy skin," has been noticed already by Mr Paget in the Medical Times and Gazette for 1864: his remarks are quoted here; but the following more detailed account is added:—

"The skin affected in these cases was deep red and mottled, or red and pale in patches. The epithelium appeared to have been partially lost, so that the cutis was exposed in places. . . . In the fingers there were often cracks in the altered skin, and the integuments presented the appearance of being tightly drawn over the subjacent tissues. The surface of all the affected part was glossy and shining as though it had been skilfully varnished. Nothing more curious than these red and shining tissues can be conceived of. In most of them the part was devoid of wrinkles and perfectly free from hair."

The dryness of the skin after complete section of the nerve is found to contrast curiously with the occasional very excessive secretion of sweat of an acetous odour, found in limbs or portions of limbs of which the nervous supply has been partially injured.

Lesions of sensation are carefully described, special prominence in the description being given to a form of pain to which other authors give the name of "burning pain," excessive in its amount, peculiar in its character, and connected in many cases with the "glossy skin" form of lesion of nutrition.

With regard to treatment, chief prominence is given to a most unqualified approval and adoption of M. Duchenne's "Faradization" of the muscles involved, while the burning pain is found to yield to the frequent use of blisters.

On the whole, notwithstanding marks of haste, and a perhaps unnecessarily complicated method of arrangement, this little monograph is a valuable addition to medical science.
A Manual of the Practice of Surgery. By William Fairlie Clarke, M.A., F.R.C.S., etc. Henry Renshaw: 1865. 32mo, pp. 352.

To the canons of criticism left us by the father of the art, one has been added only very lately, which bears in a very special manner the impress of this practical and mechanical age. One of the first instances we remember of the employment of this, which we may call the avoidirupois or beam-and-scale criticism, was the review of a large system of surgery in two volumes, which, with what (carrying out the figure) we may call a ponderous levity, was described as being heavy in both senses—heavy to hold and heavy to read.

The Manual of Surgery which Mr Renshaw has lately added to his series, might, with advantage, claim to be tried by the same test, for its small size is apparently considered its chief recommendation.

We all remember the poor girl, who, applying for the situation of wet-nurse, excused her antenuptial maternity by the plaintive plea that the baby was such a little one; but this smallness, which is considered an excuse for a peccadillo, or a beauty in a fancy terrier, is, we think, not to be desired in a manual of surgery.

There must, we own, be a demand for such works, or there would not be such shoals of "Hints," "Vade-mecums," "Companions," and the like, published every day; and Mr Renshaw’s little manuals are becoming very numerous. We have known dispensary pupils who would be quite helpless on their rounds without their "Tanner." Anatomical facts can be selected and compressed. Ward’s Osteology is a very full and accurate description; but surgery cannot be compressed in a like fashion; and we feel that Mr Clarke has done himself and his subject injustice in making the attempt. It can be conceived possible that a very clever and original thinker might, in his old age, condense the principles of surgery into small space, in a series of axioms or aphorisms, which might relieve the memory by their brevity, and stimulate thought by their pregnancy of meaning. The Elzevir edition of the Aphorisms contains only 230 pages, and is fit for the waistcoat pocket; but it is a very different thing to attempt to condense the description of surgical disease and the method of performance of surgical operations. Such brevity is too apt to be inaccurate, such condensation to be unintelligible; and for what class of readers are such manuals required? No diligent student would be satisfied with such a class-book,—no idle one would venture to trust to it even in his cramming for a pass. A book-tray full of such booklets would hardly take the place of the practitioner’s shelves, and we can scarcely fancy an operating surgeon deriving any advantage
from the description of lithotomy or amputation at the hip-joint contained in such a portable vade-mecum.

We are finding fault with the work he has had to do, but not with the manner in which Mr Clarke has done it. It is a dry thankless task to condense the opinions of others; to do it at all implies a good deal of self-denial, and requires a good deal of fairness; but, on the whole, Mr Clarke has done it well. The little pathology there is, is innocent, if neither very recent nor very transcendental. The weakest part of the whole is the section containing the descriptions of operations; for while many important amputations are slurred over and are unintelligible, if not inaccurate, the utterly unimportant ligatures of radial, ulnar, and dorsalis pedis arteries occupy fully a page.

When Mr Clarke again appears as an author, we heartily wish him either a less extensive subject, or more time and space to devote to it.

Transactions of the Pathological Society of London. Volume Fifteenth: Comprising the Report of the Proceedings for the Session 1863–64. London: 1864.

A General Index to the first Fifteen Volumes of the Transactions of the Pathological Society of London; with a List of Authors, and a classified List of Subjects. Compiled by T. Holmes, M.A. Cantab., Hon. Secretary to the Society. Presented to the Society by Prescott Hewett, President. London: 1864.

Every additional year during which the Pathological Society carries on its operations furnishes a valuable contribution to pathological literature. The unrivalled opportunities for the cultivation of morbid anatomy afforded by the metropolitan hospitals, and the energetic and harmonious manner in which the labours of the members have been carried on, enable the Pathological Society yearly to publish a volume containing descriptions of rare forms of lesions, and a mass of materials invaluable to the statistical inquirer. Of the present volume of transactions we can only say that it is in no respect inferior to its predecessors. The number of specimens described is about 170, and many of these become of additional interest from the general observations appended by their exhibitors. The only quotation we can make consists of some remarks by Dr Samuel Wilks in reference to a case of Addison's disease. We select this subject because we believe there is still some misapprehension in regard to the cases where a morbid condition of the supra-renal capsules leads to morbus Addisonii. Every disease of the capsules, or every deposit in
their substance, does not produce this train of symptoms, and we are indebted to Dr Wilks for showing that a special lesion of the gland is present in all cases of the disease.

"It would appear, as far as observations have hitherto gone, that, in Addison’s disease, the change in the capsules has always been of the kind described in the present case. This uniformity is quite in accordance with ordinary pathological observations, for such an affection is closely allied to the primary or idiopathic diseases which take place in other organs, whereas diseases which affect a large part of the body, such as cancer or tubercle, are very rarely seen to attack one organ alone to its complete destruction, especially if that organ should be double, as the kidney or the supra-renal body. Indeed, in studying the diseases of the liver, kidney, or other organs, we should not select cases where cancer, or such like affection, had attacked these viscera, but should rather select those instances where they are affected independently and idiopathically, as in Bright’s disease, or cirrhosis; and it is to these chronic affections of a more or less inflammatory kind of the lungs, liver, or kidneys, that one must compare Addison’s disease of the supra-renal capsules. Just as a cancer of the lung would fail to produce the symptoms known as those belonging to ordinary pulmonary diseases, so a cancerous deposit in a supra-renal capsule would be unaccompanied by the symptoms which Addison described. Thus all analogy, as well as observation, would point to the condition described as that which constitutes the only true form of the disease. Thus it is that the observations of Professor Mattei, of Siena, have produced only a negative result, for although he has often found adventitious deposits in the supra-renal bodies, he has not met with a true example of Addison’s disease, and, consequently, in none of his cases were there any of the symptoms which the discoverer described.

"It may also be observed that, apart from the discoloration, the remarkable want of power, or asthenia, constitutes the most striking feature of the disease. It is not a state of anemia, for, as in the present case, the blood was in good condition and the lips red. The pulse is not full and soft as in anæmia, but very small and thready as in nervous depression, witnessed especially in those cases where the abdominal sympathetic is involved."

A most valuable addition to the Transactions of the Society has been made by the publication of an Index to the first fifteen volumes. No doubt each volume has been provided with an index, but the value of a general index will be appreciated by all who have occasion to consult these Transactions. For this contribution the Society is indebted to its Secretary, Mr Holmes, and its President, Mr Prescott Hewett. The former gentleman ably performed the arduous task of preparing the index; while the latter defrayed the expenses of publication, and presented it to the Society.