

matic, of the right posterior tibial behind the ankle (Mr. Baker). In a recent case of uræmic convulsion, which had lasted many hours, consciousness returned during venesection to twenty-four ounces, and there has been no recurrence (Dr. Fletcher). There is also a case of "tricuspid regurgitation," and one of hemiplegia, with hysterical symptoms, relieved by valerian (Dr. Wade); and, amongst the out-patients, two cases of empyema, now convalescent after wearing drainage-tubes for some weeks (Dr. Russell and Dr. Wade).

Amongst interesting cases at the Queen's Hospital we noticed one of diabetes, cured (as far as excretion of sugar is concerned) by opium and bromide of iron, after two months of treatment; the only alteration in diet being bran-bread, and allowance of cabbage for vegetable. One of aortic regurgitant disease with musical murmur; another of facial paralysis (Dr. Heslop); two of cancer of the stomach, and one of extensive pleuritic effusion, with heart displacement, improving under moderate vesication (Dr. Sawyer). There was also a case of elephantiasis of a stump treated by ligature of femoral, but afterwards amputated; and another of imperforate anus, wherein the child survived three days, and after death, rectum and bladder were found to communicate.

A project of amalgamation between the two principal hospitals, for student purposes, is now under attentive consideration. It is proposed that the students of the Queen's College shall be at liberty to attend at either hospital, and, as this would open to them a clinique of more than 400 beds, it seems for many reasons desirable, provided that such regulations and conditions can be agreed upon as shall both keep students steadily to their work, and obviate possible causes of jealousy or unpleasantness between the respective parties.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Manchester Royal Infirmary.

THE Council of Thirty, who are for the next three years to decide all matters relating to the election of the honorary medical staff of the Infirmary, is at length constituted, and their names are made public. The Council is composed of leading merchants without exception; there being no professional element whatever present. The bye-laws, which are to be enforced in future elections, are also announced—the most important being one which forbids canvassing on the part of the candidates, and one which provides that a period of at least twenty-eight days shall elapse from the date of the first announcement of a vacancy and the receipt of applications. Another fortnight is allowed the election committee to chew and digest the testimonials which are sent in, when they will proceed to record their votes and elect the candidates.

The whole of the Infirmary debate has created a good deal of extra-professional interest; nor is this surprising, when the somewhat exceptional character of the Manchester Infirmary is taken into consideration. Most towns of the size of Manchester have two or more hospitals, which fairly divide both subscriptions and patients; but it is not so in Manchester. Here, although there are numerous and useful medical charities, to wit, the Salford Hospital, St. Mary's, the Clinical, the Southern, and the Children's Hospitals, besides special hospitals for the eye and the ear, yet they are but satellites of the great central charity of the Royal Infirmary. This institution, with its giant offspring—the Lunatic Asylum, and the Convalescent Hospital at Cheadle, and the Fever Hospital at Monsal, has a funded property of about £140,000; and, exclusive of the Lunatic Asylum, yearly expends about £20,000. No wonder that the management of such a concern should interest the public who liberally support it. Again, it is of importance to many of the surrounding towns besides Manchester, inasmuch as both medical and surgical cases of much interest are commonly sent to the Manchester Infirmary from a considerable distance. It follows from this, that it is probably the centre of a larger hospital population than any other hospital in the country. When these circumstances are remembered, and also the fact that the surrounding districts teem with machinery of every variety, it is somewhat surprising that there are not more surgical operations than we find are actually performed—*e.g.*, from June 25, 1871, to June 25, 1872, there were ninety capital operations, including fifty-eight amputations, nine herniotomies, ten lithotomies, five ovariectomies, five excisions, and three ligatures of arteries, a number which is less than would be expected to be furnished by a population of upwards of half a million of poor people. Large as is the property of the infirmary, it would be almost doubled if the present building, and the land on which it stands, were sold—a project which has often been mooted, and may yet be carried out. The funds thus received would enable the trustees to construct a hospital of more modern design than

the present, which is faulty in being built on the old-fashioned principle with central corridors and small wards. We have, indeed, but one model hospital in Lancashire, and that is a workhouse hospital, than which there is probably no finer building of the kind in England. I refer of course to the pavilion hospital of the Chorlton Union.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE third meeting will be held in the Midland Institute, Birmingham, on Friday, December 27th. The Chair to be taken at Three o'clock.

VINCENT JACKSON, Wolverhampton, } *Honorary*
R. JOLLY, Birmingham, } *Secretaries.*

Birmingham, December 16th, 1872.

EAST YORK AND NORTH LINCOLN BRANCH: QUARTERLY MEETING.

THE last quarterly meeting was held at the Hull Infirmary on December 4th, 1872; J. F. HOLDEN, Esq., President, in the Chair.

Papers.—The following papers and cases were read.

1. Case of Lymphatic Leucæmia. By G. F. Elliott, M.D.
2. Ablation of the Tongue successful. By K. King, M.D., F.R.C.S.
3. Perforation of Duodenum caused by railway accident. By J. W. Plaxton, Esq.

The Infirmary.—A resolution was proposed by the President, and seconded by J. Morley, Esq., recommending the appointment of a Pathologist and Registrar for the Infirmary.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 10TH, 1872.

T. B. CURLING, Esq., F.R.S., President, in the Chair.

PATHOLOGY OF CHRONIC BRIGHT'S DISEASE WITH CONTRACTED KIDNEY, WITH ESPECIAL REFERENCE TO THE THEORY OF "ARTERIO-CAPILLARY FIBROSIS." BY GEORGE JOHNSON, M.D., F.R.S.

THE author began by referring to his discovery of hypertrophy of the muscular walls of the minute arteries in cases of chronic Bright's disease, published in the fifty-first volume of the *Medico-Chirurgical Transactions*. This result of a quarter of a century's careful observation was now called in question by Sir William Gull and Dr. Sutton, who, in the recently issued volume of the *Transactions*, propounded doctrines of great novelty relating to the pathology of Bright's disease. They gave a brief summary of their conclusions at pp. 295-6. Dr. JOHNSON now proposed to inquire whether these conclusions were in accordance with pathological facts and with physiological principles.

To prove that hypertrophy of the heart is a consequence of "arterio-capillary fibrosis," and not of degeneration of the kidney, they referred to six cases in which it was said that the cardio-vascular changes were present, while the kidneys were healthy or but little altered in structure. In each of these cases Dr. Johnson maintained that the hypertrophy of the heart was due, not to changes in the minute blood-vessels, but to other obvious causes. In one case (No. 7), aged 42, there were emphysema of the lung and bronchitis; in one (Case 10), aged 69, there were senile gangrene and, of course, degeneration of the larger arteries; in one (Case 20), there was disease of the aortic valves; one patient, who was 63 years of age (Case 2), probably had senile degeneration of the arteries, and her kidneys weighed fifteen ounces; another (Case 3) was 77 years of age; while in a sixth case (No. 19), aged 62, there was atheroma of the cerebral and probably of other arteries, his lungs were very emphysematous, and his kidneys weighed only eight ounces. It was assumed by Sir William Gull and Dr. Sutton, that kidneys weighing as much as fifteen ounces and as little as eight ounces were alike free from disease.

Although it was maintained (pp. 289-90) that there is a constant relation between the "hyalin-fibroid" change in the vessels and hypertrophy of the heart, it was stated (p. 292) that in a few cases this change was seen in the vessels of the pia mater, unassociated with hypertrophy of the heart. The "hyalin-fibroid" change was supposed to lessen the elasticity of the walls of the minute arteries, so to impede

the circulation, and to cause hypertrophy of the left ventricle (p. 290). Dr. Johnson maintained that in this explanation the elasticity of the larger arteries, which acts in aid of the heart as a propelling force, was confounded with the muscularity of the smaller arteries, which antagonises the heart. Degeneration of the muscular walls of the arterioles would involve, not an increase, but a decrease of resistance, and, therefore, would not explain the cardiac hypertrophy. It was stated by Gull and Sutton (p. 295) that thickening of the arterial walls is always associated with atrophy of the adjacent tissues. Yet they stated (p. 287) that these arteries are thickened in the walls of the hypertrophied heart, and they are also thickened in the large white kidney.

Dr. Johnson maintained that the "hyalin-fibroid" change is not an *ante mortem* pathological change, but a *post mortem* physical result of the distension of the fibrous tunic of the arteries by the mixture of glycerine and camphor-water, in which all the specimens had been mounted before they were examined by the authors of this theory. He maintained that the appearance in question was never seen in vessels examined immediately after their removal from the body, or preserved in dilute spirit, or in a solution of salt of specific gravity 1030, while it was frequently, but not constantly, observed in specimens mounted in

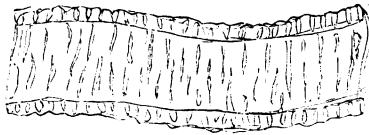


Fig. 1.—Normal Artery from the Pia Mater.

glycerine. Normal arteries from the pia mater mounted in these different fluids presented a striking contrast; those in dilute spirit or in salt-and-water appearing quite normal, while those in glycerine were often thickened and hyaline.

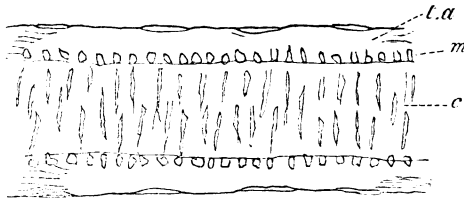


Fig. 2.—Normal Artery from the Pia Mater, rendered Hyaline by Glycerine and Camphor Water. *a*, Tunica Adventitia, or Fibrous Tunic. *m*, Muscular Layer. *c*, Canal of Artery.

The "hyalin-fibroid" appearance thus produced might be seen in vessels from subjects at the two extremes of infancy and old age, where death resulted from diseases having no relation to Bright's disease, and quite unconnected with hypertrophy of the heart. Specimens were preserved from the pia mater of a woman, aged 40, who died of diabetes, and whose heart weighed only six ounces and three-quarters; from another woman, aged 40, who had cancer of the ovary, the heart weighing eight ounces; from an infant, aged eleven months, who died from spasm of the glottis—the kidneys, the heart, and all the viscera being quite healthy; and from a boy, aged 15, who died from typhoid fever, having been in good health until the attack of fever. There was no *post mortem* evidence of disease except such as resulted from the fever. Arteries from the pia mater were preserved in three different fluids. Those in weak spirit and in salt and water (specific gravity 1030) appeared quite normal, while those in glycerine and camphor-water had their fibrous tunic much distended and extremely "hyaline."

The imbibition of fluid by the arterial tunics was a result of physical conditions. A fluid slightly acidulated rapidly passed in and distended the fibrous tunic, rendering it "hyaline;" then the neutralisation of the fluid by ammonia occasions a rapid shrinking of the tunica adventitia, which again assumed its normal fibrous appearance.

The physical conditions which favoured the imbibition of the simple unacidulated mixture of glycerine and camphor-water would be influenced by various circumstances, such as the mode of death, and the period after death at which the examination is made. It was incumbent on those who maintained that the appearances in question were the result of pathological processes, to demonstrate them in vessels unchanged by artificial agents. The glycerine rendered the muscular structure in some vessels indistinct; and this had been described as atrophy of the muscular elements. In other vessels it separated the

inner from the muscular coat; and this had been mistaken for thickening of the internal tunic of the artery. (See plate v, figs. 3 and 4, in the last volume of the *Transactions*.) The author denied that the capillaries were thickened; and maintained that arterioles in the pia mater distended by glycerine had been mistaken for capillaries. With regard to the changes in the kidney, their "hyalin-fibroid" character was denied by Dr. Johnson; and reference was made to a paper by Mr. Simon, and another by Dr. Johnson, in the thirtieth volume of the *Transactions*. Referring to fig. 7, plate vi, in the paper by Sir W. Gull and Dr. Sutton, Dr. Johnson declared that they ignored the fact that, in the renal arteries, there are an inner longitudinal, and an outer circular, layer of muscular fibres; and in a transverse section of such an artery they mistook the outer circular layer for the analogue, in position and structure, of the "hyalin-fibroid" condition of the fibrous tissue of

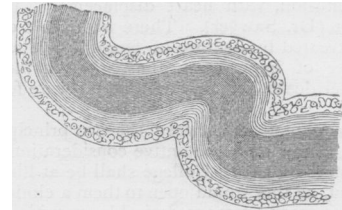


Fig. 3.—Artery, with Hypertrophied Walls, from the Kidney. An Inner Longitudinal and an Outer Circular Layer of Muscular Fibres. The Canal is filled by Opaque Injection.—X 200.

the arteries of the pia mater. They denied the existence of muscular hypertrophy; yet some of their own specimens and drawings exhibited at the *conversazione* of the Society in June were good examples of hypertrophy of the muscular walls of the arteries. Reference was made to a footnote at page 277 of their paper, in which a doubt was expressed as to the possibility of casts escaping from the convoluted tubules of the cortex.* Dr. Johnson maintained that in the microscopic appearances of some forms of tube-casts there was abundant evidence of their origin in, and their escape from, the convoluted tubes. The more frequent occurrence of hypertrophy of the heart in connection with the contracted than with the large white kidney he explained, partly by the more watery blood in the latter cases exciting less contraction of the arterioles, and partly by the occurrence of waxy or lardaceous degeneration of the minute arteries, which thereby had their contractile and resisting power impaired. To doubt the causative connection between contracted kidney and hypertrophy of the heart because they were not constantly associated, would be as unreasonable as to deny that a large white kidney is a cause of dropsy because dropsy is sometimes absent. The author disputed the statement that the morbid changes in cases of contracted kidney "are the result of causes not yet ascertained." The most common causes were excess of food and of stimulants, with or without decided gouty symptoms, but he had seen many cases in which the disease had been a result of chronic dyspepsia in persons of strictly temperate habits. The proximate cause of the renal degeneration was the excretion of abnormal products by the gland-cells. This applied to all forms of Bright's disease, whether acute or chronic. The term "arterio-capillary fibrosis" was a misnomer, for the capillaries, except the Malpighian capillaries, were unchanged, and there was no morbid "fibrosis" of the arteries.

The author concluded by thanking Sir William Gull and Dr. Sutton for having forcibly directed attention to the cardio-vascular changes in chronic Bright's disease. Differing entirely in their pathology, they agreed in thinking the subject one of great interest and importance.

Dr. SUTTON acknowledged the fairness of Dr. Johnson's criticisms, and expressed his regret that, owing to an unavoidable engagement, Sir William Gull was unable to be present. With regard to the connection between hypertrophy of the coats of the vessels and senile degeneration, Dr. Johnson did not point out what were the precise changes constituting the last named condition. The association of the change in the vessels with atrophy of the tissues had been stated by Sir W. Gull and himself to be frequently present, but not always so. He admitted that the hyaline appearance in the external coat of the vessels was, to some extent, dependent on the glycerine used; but the fibroid appearance was certainly not so, it was present in vessels treated by salt and spirits and water. He allowed that in some cases the morbid changes could not be found in the vessels of the pia mater; but then vascular changes were to be found in other parts of the body. Again, Dr. Johnson had said that, while glycerine caused the tunica adventitia to expand, it con-

* In the note referred to, the word *tubercles* is, without doubt, a misprint for *tubules*.

tracted the muscular coat of the arteries. It was somewhat singular that it should have this dissimilar action. Dr. Johnson denied that the capillaries were thickened; Sir W. Gull and Dr. Sutton had, however, shown him a vessel which they believed to be a capillary in this condition. The distinction between arteries and capillaries, however, was artificial; he could not say where one ended and the other began. In the vessel specially referred to, there was no muscular tissue. Dr. Johnson asserted that there were no hyalin-fibroid changes with the contracted kidney; according to Sir W. Gull and Dr. Sutton, there was this association, and they were supported by Dr. Dickinson, Dr. Grainger Stewart, and others. They believed that the causes of the granular contracted kidney were not yet ascertained, although in Dr. Johnson's opinion they were so. He thanked Dr. Johnson for calling attention to the subject under discussion, and hoped that a conclusion founded on a pathological basis would be arrived at.—Dr. DICKINSON said that, with regard to the question how far the changes in the arteries were due to reagents or to *post mortem* changes, he had come to the conclusion that the hyalin-fibroid change had a real existence. The change was not produced by reagents in healthy arteries. The hyalin-fibroid condition was no doubt a material cause of hypertrophy of the heart, and was generally associated with the granular contracted kidney. He thought that the change in the arteries sometimes preceded that in the kidney; but he would not speak positively on this point. He thought that scarcely anyone but Dr. Johnson believed that all renal diseases originated in the epithelium lining the tubes. Lardaceous change in the kidney began in the arterial structure and not in the epithelial cells.—Dr. ANSTIE asked how convoluted casts in the urine could have originated in the convoluted tubes and passed as such through the straight tubes of the kidney.—Dr. CHARLTON BASTIAN agreed with Sir W. Gull and Dr. Sutton that fibroid thickening of the arteries was to be met with very frequently. Fibroid thickening of the capillaries did occasionally occur; Dr. Bastian had found the capillaries of the brain much thickened in a case of locomotor ataxy; and the hyaline change was frequent in sclerosis of the spinal cord. It was rather unfortunate that the pia mater should have been selected as the battle-ground for the dispute; and he could not agree with either of the views that had been brought forward. No account had been taken of the existence of the distinct and separable sheath surrounding the small arteries of the brain. In the corpus striatum it was very large; perhaps, however, it was less distinct in the pia mater. In tubercular meningitis, there was proliferation of cell-elements in this sheath around the vessel; and again, in the so-called dissecting aneurisms of the brain, this sheath was greatly dilated. An examination of Sir W. Gull's plates seemed to show that some of the appearances might be explained by supposing that the sheath itself had undergone fibroid change. He agreed with Sir W. Gull and Dr. Sutton that the fibroid changes were to be met with in the arteries of other parts of the body.—Dr. SIBSON suggested that the question at issue between the author of the paper and Sir W. Gull and Dr. Sutton should be referred to a Committee of the Society. With regard to the question whether hypertrophy of the heart was due to the fibroid affection of the arteries or to an obstruction to the flow of blood, he said that clinical observation showed that in hypertrophy the arteries were in a state of tension. On listening over the origin of the aorta the first sound was almost silent, and the second loud and sharp; and there was also a difference in the time of occurrence of the first and second sounds in the two sides of the heart. The double first sound was almost always heard over the septum.—Dr. BROADBENT had stated on a former occasion that the arterial tension attendant on hypertrophy was lost during pyrexia, and also under the administration of nitrite of amyl. This could not be the case if it depended on mere passive obstructions, such as would be produced by thickening of the arteries.—Dr. PAYNE suggested that muscular hypertrophy might be a consequence and not a cause of arterial tension. That the muscular coat of arteries became hypertrophied, he regarded as an undoubted pathological fact.—Dr. SANKEY said that hypertrophy of the small arteries was no doubt met with; and without doubt, also, the hyalin-fibroid change occurred. He agreed with Dr. Bastian as to the occurrence of effusion around the vessels of the brain in the perivascular canals. A small artery treated with acetic acid and glycerine became hyaline and transparent.—Dr. QUAIN thought that, in reality, all the apparently opposite views might be correct. He cordially supported the proposal to refer the question to a Committee.—Dr. JOHNSON said that Dr. Sutton had evidently lost confidence in his own specimens, for in one sentence he had virtually conceded the whole question as to the nature of the so-called "hyalin-fibroid" change in the arteries. Dr. Sutton admitted that the *hyaline* change might be the result of glycerine, but denied that the *fibroid* appearance could be thus explained. Now the fact was, that the external tunic of the arteries was fibrous, and had a wavy fibrous outline. When fully

distended by glycerine, it quite lost its fibrous character, and appeared transparent or hyaline. On the other hand, when partially distended, or when, after complete distension, it had again partially shrunk, it had a semi-fibrous, semi-hyaline appearance: in other words, it assumed the "hyalin-fibroid" character; and the specimens on the table show that the appearance in question might occur in perfectly normal vessels when mounted in glycerine. Dr. Johnson repeated that the appearances described did not occur in the capillaries. He believed that Sir W. Gull and Dr. Sutton had mistaken small arteries for capillaries. He did not deny that, in certain pathological states of brain, there was sclerosis of arteries and capillaries. Some of the speakers appeared to have overlooked the fact that the subject under discussion was, not the state of the minute vessels in cases of locomotor ataxia or of insanity, but the condition of the vessels in connexion with chronic Bright's disease. As to the existence of genuine hypertrophy of the muscular walls of the arteries, it surely could not be denied, in the face of evidence such as that afforded by the specimens on the table; and it had been admitted by some of the most competent microscopists in London. Dr. Sutton could not understand how glycerine could at the same time distend the fibrous tunic and (as he said) "contract" the muscular coat. Surely it was not difficult to see that a fluid accumulating between the two coats of the artery would push one outwards, and the other, the muscular coat, inwards towards the canal of the vessel; which might be seen in some specimens to be irregularly narrowed by the mechanical pushing inwards of the muscular wall. Dr. Sutton denied that they described the tunica intima of the arteries as being morbidly thickened. What then was the meaning of the description of fig. 3, plate v? "Tunica adventitia and intima thickened by fibroid changes." Fig. 2, in the same plate, was thus described: "Arteriole much thickened by coarse fibroid changes outside muscular layer; tunica intima thickened also." If the authors believed these appearances to be the result of fluid passing between the middle and inner coats, they would surely have said so. It was useless to attempt to decide the question of the minute structural changes in the contracted kidney by mere argument. The appeal must be to specimens, by the aid of which it was easy to demonstrate the whole series of changes. He would only remark that Dr. Dickinson and others, who adopted Virchow's theoretical classification of Bright's disease, and declare that the contracted kidney was the result of essentially intertubular changes, were compelled to ignore those obvious structural changes within the tubes which must catch the eye of even the most superficial observer, and which many years ago formed the subject of a controversy between Mr. Simon and himself. Dr. Sutton appeared almost to pride himself on his confession of ignorance as to the causes of contracted kidney; yet careful clinical observation pointed to such causes as excessive eating and drinking, and to certain forms of dyspepsia, as having much influence in exciting the disease. Dr. Todd called it a "gouty kidney". It was not always of gouty origin, but it is very commonly associated with conditions allied to gout; and it was of practical importance to recognise this association. Nothing in the paper by Sir W. Gull and Dr. Sutton had surprised him more than to find that they had referred to cases of hypertrophy of the heart in very aged persons, to cases of extreme emphysema of the lungs, and even to a case of incompetent valves, as if such cases could throw light upon the cardiovascular changes in cases of Bright's disease. Dr. Anstie appeared to consider that he had put a very puzzling question in asking how a convoluted cast, as seen in the urine, could have passed, as such, through the straight tubes of the cones. Dr. Johnson supposed that a cast moulded in a convoluted tube, and having a certain amount of elasticity, might be straightened in passing through a straight tube, and resume its convoluted form after its escape. This surely was more probable than the alternative supposition that a tube-cast, originally straight, coiled itself up like a worm after being expelled from the kidney. The speaker cordially supported the proposal for a Committee. The more thoroughly competent was the Committee, the more entire would be his confidence in submitting his specimens, and the questions raised by them for their inspection and judgment.

[Dr. Johnson requests us to add that he had intended to say, in reference to Dr. Broadbent's very interesting observation on the effect of nitrite of amyl in reducing the arterial tension in cases of chronic Bright's disease, that, while it is confirmatory of his doctrine that the peripheral resistance is the result of excessive contraction of the hypertrophied muscular arteries, it is quite irreconcilable with the theory that the resistance to the blood-flow is caused by degeneration and consequent rigidity of the minute arteries and capillaries. It is obvious that resistance thus originating would be uninfluenced by the peculiar action of the nitrite of amyl upon the muscular arterioles.]

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, NOVEMBER 30, 1872.

GEORGE H. KIDD, M.D., President, in the Chair.

Fracture of the Spine.—Dr. BENNETT brought forward an example of this injury. A man was admitted to Sir P. Dun's Hospital, on June 13, 1872, after falling with a sack into the hold of a lighter. There was little or no evidence of collapse. Both sensation and motion were completely lost from the clavicles downwards. There were paralysis of the bladder and priapism, and tympanitis became developed on the second day. Reflex phenomena were at first well marked in the lower limbs. The temperature of the limbs was about a degree higher than that of the head, which was 98.4 degs. Some pain in the neck was complained of; incessant cough was brought on by the least attempt to speak; and there was extreme rolling of the head. Dyspnoea was very great, owing to the complete paralysis of the intercostal muscles. After four days the man died. On raising the pharynx, scarcely any blood was found beneath the prevertebral fascia. The anterior common ligament was ruptured in three situations, corresponding to the second, fourth, and fifth intervertebral discs, the lesion opposite the fourth being most extensive. There was no fracture of the bodies of the vertebrae; but from each of the superior articulating processes of the fourth cervical vertebra, a small grain of bone had been detached. Just at this level also (that is, at the level of the intervertebral disc between the third and fourth cervical vertebrae) the spinal cord was almost completely divided, the laminae of the third vertebra having cut into it.

Pathology of Atheroma.—Dr. JAMES LITTLE showed a specimen which bore out the view that atheromatous change was due to an inflammatory process. A man, aged 62, subject to gout, suffered from an attack in January. He subsequently had a bronchial affection, followed by continual cough, and a sensation of oppression and heat in the chest. Edema of the lower limbs then supervened. There was some ascites, dyspnoea was troublesome, and he coughed up viscid mucus. A fine crepitation, as in oedema of the lung, was heard generally over the chest. A soft systolic cardiac murmur was noticed from time to time. The urine was now loaded with lithates, but was not albuminous. He sank from the bronchial affection. At the *post mortem* examination, thirty-six hours after death, no rigor mortis was observed; the heart was large and flaccid, the blood liquid and dark. The aorta was throughout of a deep vermilion colour, as were also the femoral and brachial arteries; and all these vessels had atheromatous deposits in various stages. The heart was hypertrophied, dilated, and was undergoing fatty degeneration. The atheromatous degeneration had involved the coronary arteries. The dropsy, again, was in all probability due to the diminished elasticity of the vessels, dependent on their diseased state, together with a dilated heart and injured valves. In the present case the sequence of events was perhaps old standing gout, a trifling inflammatory attack, and lastly a falling into bad health.

Addison's Disease.—Mr. DARBY showed a portion of the bronzed skin, the kidneys, liver, and spleen of a patient who had died of this disease, and in whom all the symptoms were well marked.

Mitral Valve Disease.—Mr. MAC SWINEY exhibited a well-marked example of ossific deposit in the valvular structure of the heart of a tall athletic man, who had always enjoyed good health.

Epithelioma of Cervix Uteri.—Dr. ATTHILL presented two specimens. The first tumour he had removed from the anterior lip of the cervix in a patient aged 50, the mother of ten children, and who had ceased to menstruate fourteen years ago. The vaginal discharge before operation, was watery, foetid, and sanguineous. There had been no hæmorrhage. The mass was of the size of a walnut. The second growth, of much larger size, was from a patient, aged 36, mother of four children, the youngest four years old. Menorrhagia set in ten weeks ago, and there were bearing down pains with other symptoms. The microscopical appearances were similar in both cases; the stroma being of white fibrous tissue, with epithelial cells.

Purulent Pericarditis.—Dr. LYONS showed the heart and pericardium of a man who was admitted to hospital with paronychia and an extremely feeble and rapid pulse, from 130 to 140 a minute, with chills alternating. The paronychia was opened, and the man seemed to be relieved, when dyspnoea rapidly set in. The area of precordial dullness increased, and the heart was heard as though flapping about in some soft thick fluid. Pain in the right groin (the glands of which were somewhat enlarged) and in the right thigh was complained of. The patient sank rapidly. A pint and a half of purulent fluid escaped from the pericardium on incision; it contained also a large quantity of soft lymph of the consistence of butter. An abscess in the right psoas muscle gave exit to about a pint of pus.

Emboliism of Middle and Anterior Cerebral Arteries.—Dr. HAYDEN

reported the case of a boy, aged 7, who was admitted to hospital suffering from bronchitis. A presystolic murmur was heard over the apex of the heart, half an inch inside the left nipple-line. While suffering from a second bronchial attack, the boy was found, on the morning of November 20th, hemiplegic on the right side, and speechless. Motion was quite absent on the affected side, but sensation was exalted. His face was drawn to the left; he died in a few hours. The vessels at the base of the brain, except in the left fissure of Sylvius, were anæmic. A plug of fibrin filled the left middle and anterior cerebral arteries. A mass of fibrin was attached to the anterior right segment of the mitral valve; the aortic valves were both contracted and incompetent; and there was thrombosis of the left ventricle.

Subject for Society's Gold Medal, 1873.—The PRESIDENT announced that the Council had selected as the subject for competition for the Society's Gold Medal, to be awarded at the end of the session in April, 1873, the "Diagnosis and Pathology of Abdominal Tumours in the Male."

CORRESPONDENCE.

ALCOHOL AS A CAUSE OF KIDNEY-DISEASE.

SIR,—With reference to Mr. Taylor's communication in your last number, it should be distinctly understood that those who insist upon the powerful influence of the abuse of alcohol as a cause of Bright's disease, do not call in question the notorious fact that renal disease results from a variety of causes, and that it is of frequent occurrence in children and in adults of strictly temperate habits. No one doubts that exposure to cold and wet and certain conditions of blood-poisoning, such as occur, for instance, in cases of scarlet fever, diphtheria, erysipelas, pyæmia, etc., may result in various forms of acute and chronic Bright's disease. Mr. Taylor's statistics show that the majority of the victims of Bright's disease in his practice were persons of intemperate habits, the proportion being 16 to 12; and he appears to think that these results are confirmatory of Dr. Dickinson's conclusion that intemperance has but little influence in the causation of Bright's disease; but it is evident that, in order to render his statistics fairly comparable with those of Dr. Dickinson, Mr. Taylor should have given, not merely the deaths from albuminuria, but the total number of deaths from all causes occurring in his practice during the period of thirteen years over which his inquiry extends. Then, dividing them into temperate and intemperate, he should show the proportion of cases of albuminuria in the two classes.

I am, etc.,

December 16th.

GEORGE JOHNSON.

SIR,—“The use of alcoholic drinks is comparatively inoperative in causing disease of the kidneys”—such is one of Dr. Dickinson's conclusions. In attempting to arrive at the truth or converse of it, it seems hopeless, by comparing the effects between quantities “more or less”, if we are not to be satisfied with only a very partial and unsatisfactory inquiry. If any good is to result to medical science, a comparison must be made between total abstainers and those using alcoholic drinks. Acting on this idea, I communicated with the Secretary of the Temperance and General Life Assurance Society. This Society has two classes of members—viz., total abstainers and moderate drinkers, both departments being kept perfectly distinct. On asking the question—How often disease of the kidneys had been returned as the cause of death, and in what proportions in the two different departments?—the following figures were kindly sent to me, as the result of an examination of their register, by J. T. Mitchell, Esq., F.R.C.S., one of the Directors. “From July 1st, 1869, to October 1st, 1872, 932 deaths occurred; of these, 700 cases were insured in the General Section, and 232 in the Abstaining; whilst in the former class 17 cases have died of kidney-diseases, only 3 cases died from like causes in the latter or Abstaining Section—the proportions being 2.42 per cent. in the general class and 1.29 amongst the abstainers.” That these statistics are more reliable than those frequently quoted there is good ground for believing, considering how very particular insurance societies are in requiring correct information of the cause of death, and the fact of their being gathered from the books of the Society by one well qualified to discriminate the various names under which disease of the kidneys may be returned. From them we gather that 3 per cent. of the total number of deaths amongst what may be well called the provident and careful classes arise from diseases of the kidneys; the proportions of deaths arising from such causes amongst the moderate drinkers and abstainers being nearly as 2 is to 1.